

Thompson Anderson

Died at ^{Town} Sabillasville ^{County} Frederick

MARYLAND

Date 1902 Dec 2 Age 72 11 1 Native of Pennsylvania Occupation Farmer

Male White Married Widower ~~Divorced~~ Number of children living one

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Mary A Anderson

Father's Name John Anderson Mother's Maiden Name

Cause of Death { Primary Pyelo-nephritis Immediate

How long sick 4 weeks

~~Accident, Suicide, Homicide~~

Reported by D. C. L. Yachter

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND
	Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>15</i>	Years <i>7</i>	Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Frederick</i>	
	Married, Single or Widowed			Occupation	
	Name of Wife or Husband				
	Father's Name <i>J. H. Apple</i>			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
	Name of person giving in formation			<i>gw</i> How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>			How long <i>4 days</i>	
	Immediate <i>Cardiac Paralysis</i>			How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>W. G. McNamee</i>	
	Accident or Suicide?			Address <i>Frederick Md</i>	



Name In Full

James W. Brightwell

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 30

Age *83*

Md

Ex Soldier

Male

White

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Arteriosclerosis

Death

Immediate

Myocardial

How long sick

2 1/2 weeks

~~Accident, Suicide, Homicide~~

Reported by

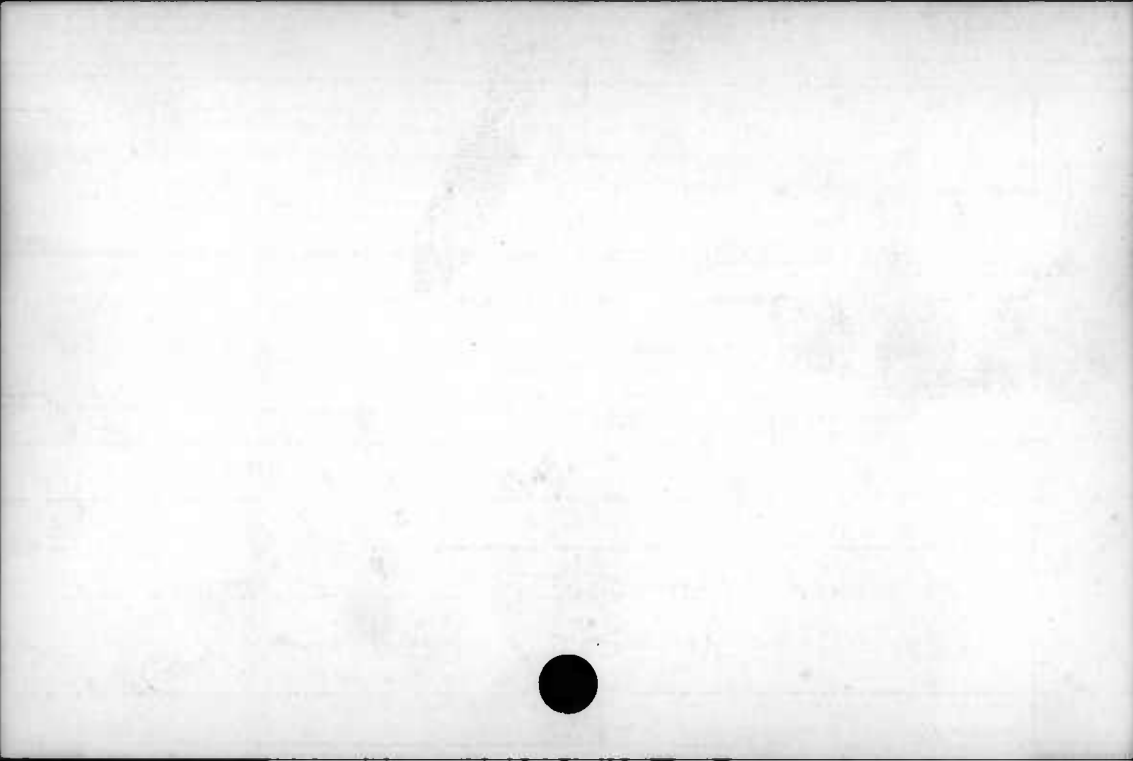
J. M. Cundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Sarah Brooks				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brunswick		County Frederick		MARYLAND	
		Date of death 1902		Month Dec		Day 21		Years	
		Sex Female		Color or Race colored		Birth-place Brunswick Md		Months 1	
		Married, Single or Widowed single		Occupation none				Days 1	
		Name of Wife or Husband							
		Father's Name				Father's Birthplace			
PHYSICIAN OR CORONER		Mother's Maiden Name Clara Brooks				Mother's Birthplace Petersville Md.			
		Name of person giving information William Brooks				How related to deceased Grand Father			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary cold				How long since birth			
		Immediate Spasme				How long 30 hours			
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician			
		Dr. L. West - prescribed from his office per H				Address Brunswick Md			
		Accident or Suicide?							



Name In Full

Certificate of Death

Upton Jeremiah Brown

Town

County

Died at

MARYLAND

Enclid P.O.

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 24

Age

66 2 9

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Margaret Brown

Father's

Name

Jeremiah Brown

Mother's

Mary Brown

Maiden Name

Cause of

Primary

Pleuro-pneumonia 93

How long sick

7 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

E. L. Trachter M.D.

Address

Sabillasville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Maggie Butler

Town

County

Died at

Baltimore, Pearl - Fredk co

MARYLAND

Date

1902

Month

12

Day

25

Age

23

Y.

9

M.

27

Native of

md at home

Date

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

Husband

of

X

Wife

Father's

Name

Chas. Butler

Mother's

Name

Louisa Butler

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Ap noxa

Accident, Suicide, Homicide

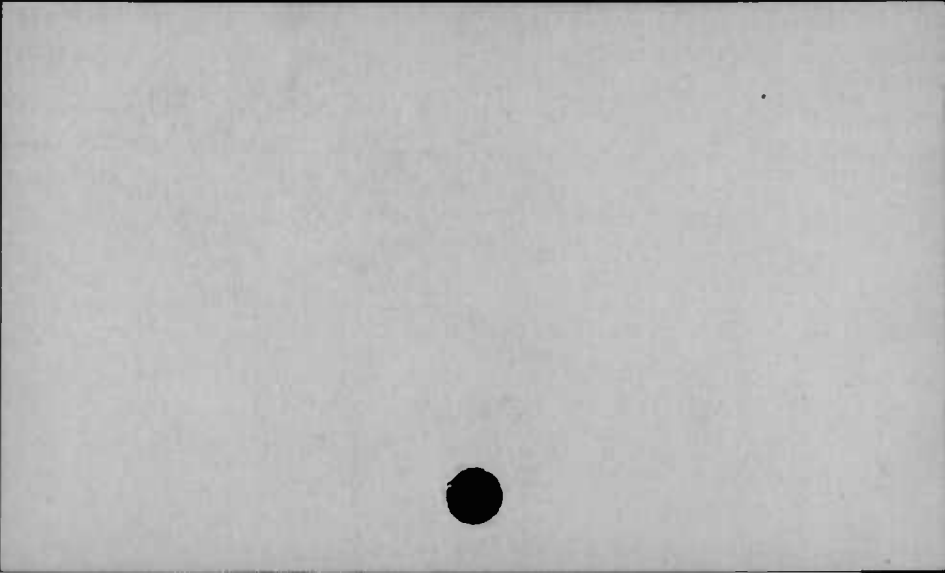
Reported by

Dr. Goodell. md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Name
in
Full

Emma L. Cogan

CERTIFICATE OF DEATH

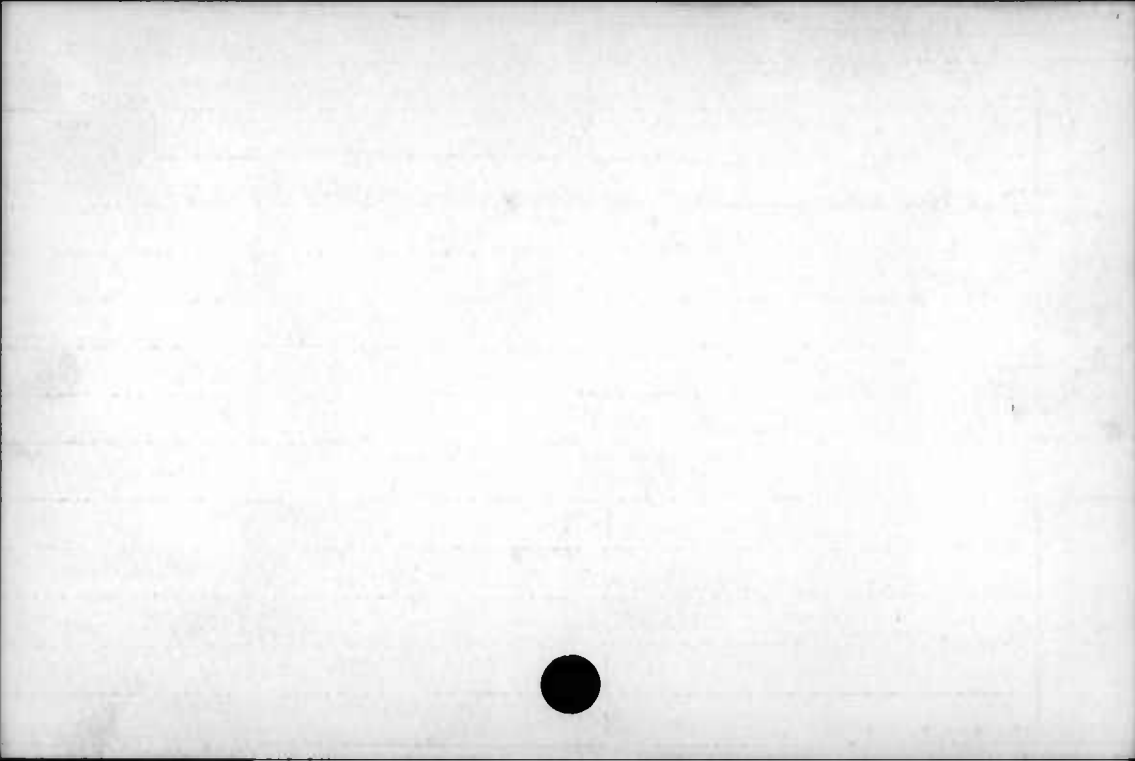
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>13 Remond</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec</u>	Day <u>17</u>	Age <u>29</u>	Years <u>2</u>	Months <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Chr X Cogan</u>					
Father's Name <u>Wm H. Nelson</u>				Father's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Celia Jennings</u>				Mother's Birthplace <u>Ind</u>	
Name of person giving Information <u>Chr X Cogan</u>				How related to deceased <u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>27</u>	How long <u>1 year</u>
Immediate <u>Exhaustion or general anæmia</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Levin West</u>	
	Address <u>13 Remond - Ind</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Lloyd Cole

CERTIFICATE OF DEATH

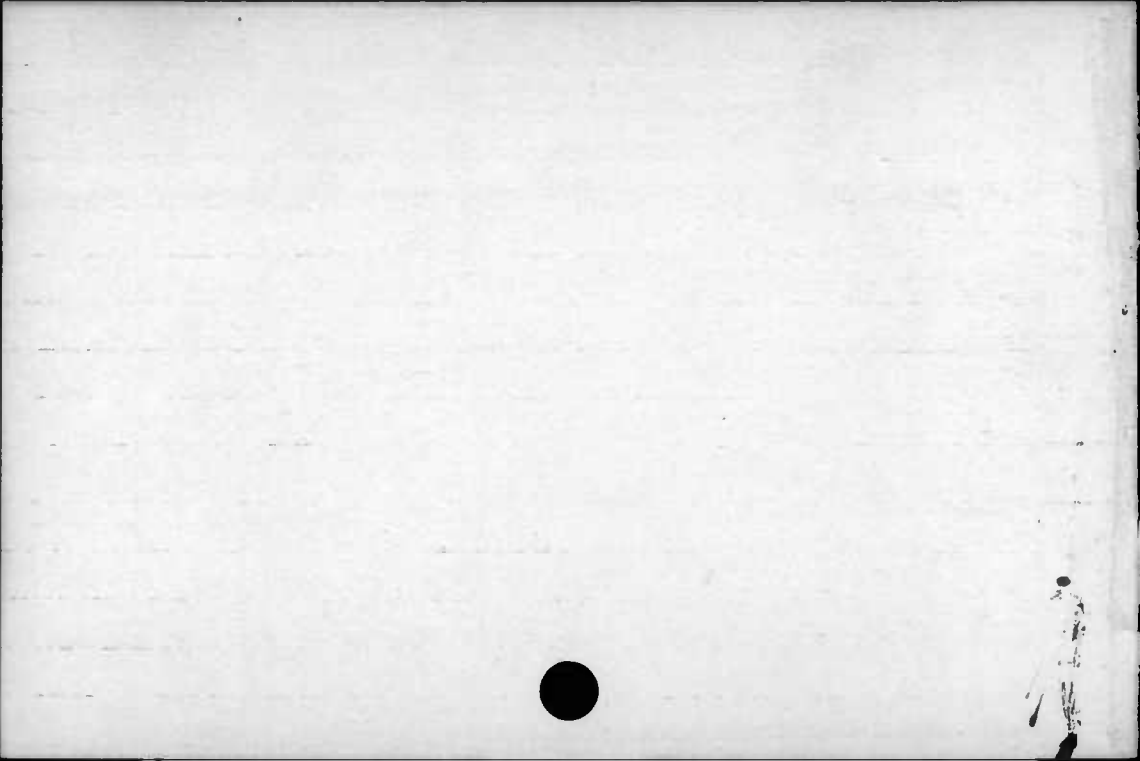
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>15</i>	Age <i>69</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Med.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Henry Cole</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs. Cole</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>93</i>	How long <i>5 weeks</i>
Immediate <i>Pneumonia & Heart Disease</i>	How long <i>2</i>	"
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>	
	Address <i>A. T. Price & Son's</i>	
Accident or Suicide?		



Peter *Conner*
 Died at *Wetmore* *Frederick* *Md.* *MARYLAND*

Date 190*4* *Dec.* *17* Month Day Y. M. D. Age *59-* Native of *Md.* Occupation *Blacksmith*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of *Elizabeth* *Michael*
 Wife-
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Immediate *Typhoid fever* How long sick *12* *days*
 Accident, Suicide, Homicide

Reported by *E. S. Mayhew* *Md.*
 Address *Severna Park, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Raehael Hammond Cornpropot

CERTIFICATE OF DEATH

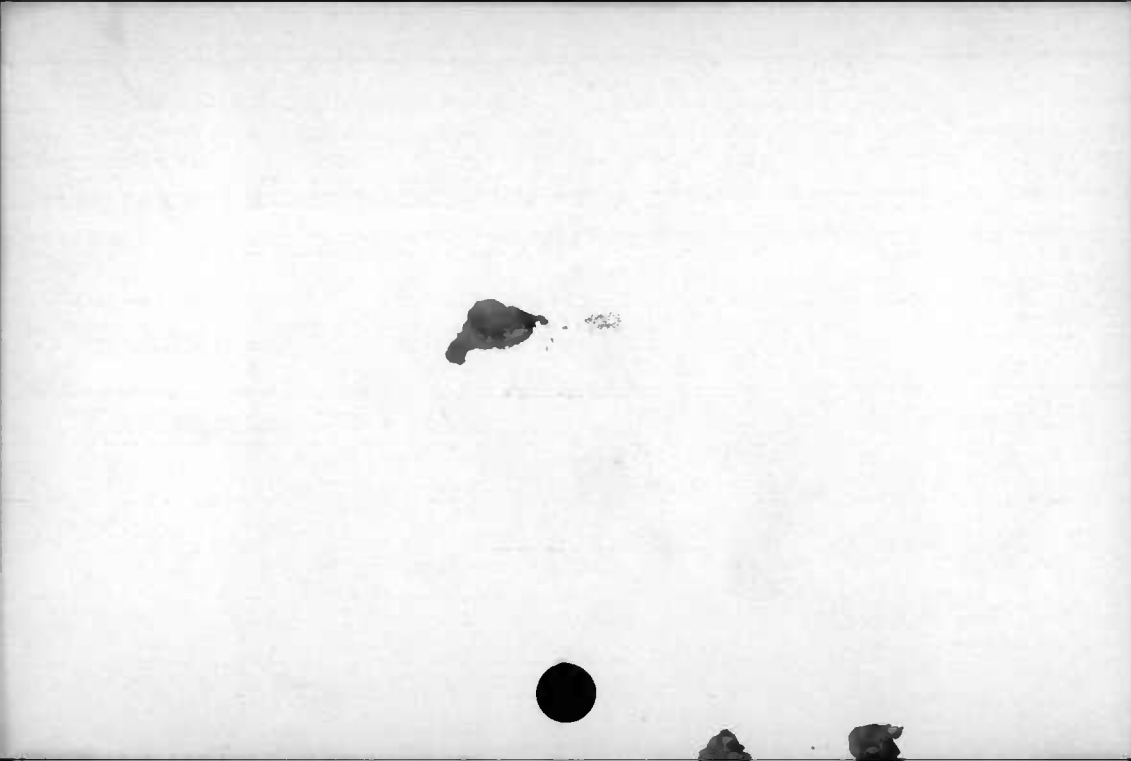
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>12</i>	Day <i>6</i>	Age Years		Months	Days <i>4 weeks</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Frederick, Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Harry E. Cornpropot</i>				Father's Birthplace <i>Newville, Pa.</i>			
Mother's Maiden Name <i>Maud I. Musbaum</i>				Mother's Birthplace <i>Spring Run, Pa.</i>			
Name of person giving information <i>H. E. Cornpropot</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>		How long <i>several weeks</i>
Immediate <i>Convulsions</i>		How long <i>Few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Wendix,</i>
		Address <i>Frederick, Md.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Calvin T. Crum.

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Decem.

21st

Age

25-6-18

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Louise Crum

Mother's

Maiden Name

Mary E. Taylor

Cause of

Primary

Typhoid Fever,

How long sick

14 weeks

Death

Immediate

Double Pneumonia, asphyxia

Accident, Suicide, Homicide

Reported by

Frank Hedger M. E.

Address

Frederick,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Buried at Mt. Olivet Cem.
to-day.

Name
in
Full

Ella Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>19</i>	Age <i>21</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Buckeystown</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Cook</i>			
Name of Wife or Husband					
Father's Name <i>George Ridoux</i>			Father's Birthplace <i>Buckeystown</i>		
Mother's Maiden Name <i>Alice Brown</i>			Mother's Birthplace <i>Lewis town</i>		
Name of person giving information <i>Alice Brown</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i> <i>100</i>	How long <i>Indefinite</i>
Immediate <i>Uraemic Convulsions</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Bourne M.D.</i>
	Address <i>5th All saint St</i>
Accident or Suicide?	



Name
in
Full

Rufus K. Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fountain Mills</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>1</i>	Age	Years <i>76</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place			
Married, Single or Widowed			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Ann P. Day</i>							
Father's Name <i>Luther Day</i>				Father's Birthplace <i>Fredr. Co. Md</i>			
Mother's Maiden Name <i>Harnett Ring</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Ann P. Day (his wife)</i>				How related to deceased <i>his wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Some years</i>
Immediate <i>Apoplexy</i>	How long <i>died suddenly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Howard B. Hopkins Jr. M.D.</i>
	Address <i>New Market, Maryland</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Benjamin H. Deal
 Town *Hampton* County *Fredricks* MARYLAND
 Died at
 Date 1902 *Dec* Month *22* Day Age *91.2.15* Y. M. D. Native of *MD* Occupation *Farmer*
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living *6*

Husband of *Sarah E. Deal*
 Wife

Father's Name *—* Mother's Maiden Name *—*

Cause of	Primary	<i>Rheumatism</i>	How long sick	<i>for many years</i>
Death	Immediate	<i>and old age</i>	Accident, Suicide, Homicide	

Reported by *William T. Lewis*

Address *21 newmarket*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008



Name
in
Full

CERTIFICATE OF DEATH

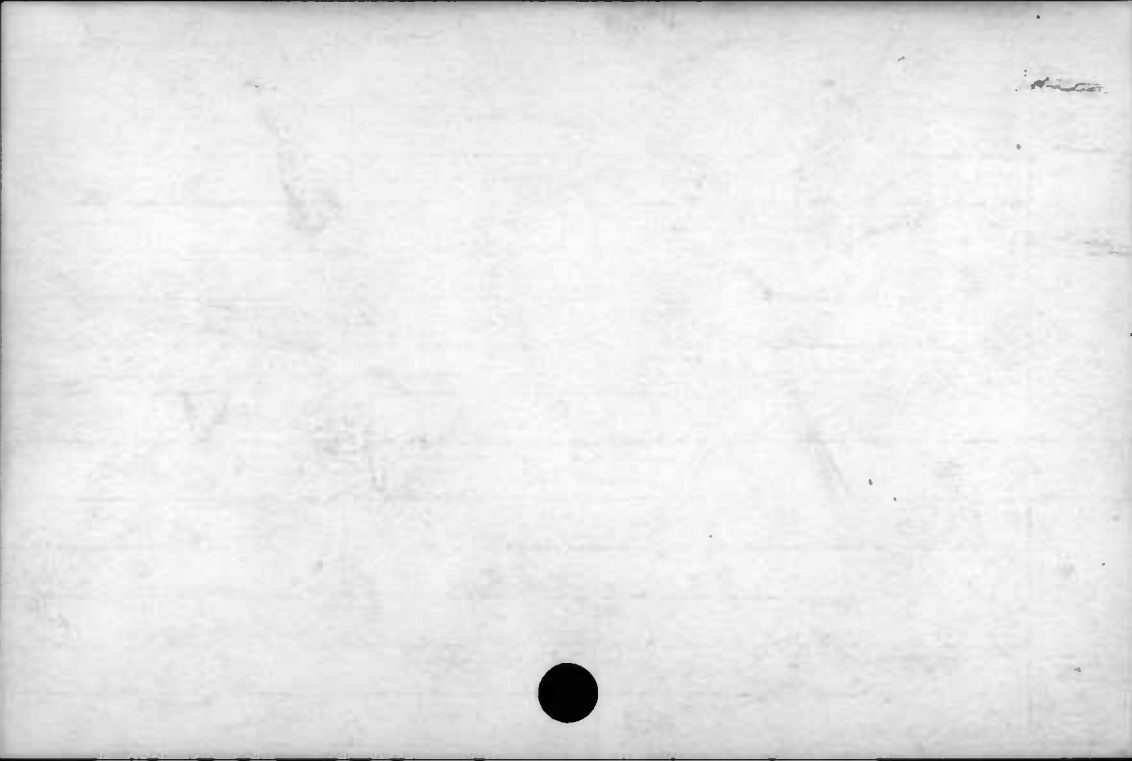
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Breagerstown</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> ^{Month} <i>Dec</i> ^{Day} <i>23</i>	Age <i>23</i> ^{Years}		Months <i>—</i>		Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Breagerstown</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Maurice M. Derr</i>			Father's Birthplace <i>Myersville</i>		
Mother's Maiden Name <i>Rhoda A. Kriss</i>			Mother's Birthplace <i>Breagerstown</i>		
Name of person giving information <i>Cornelius E. Derr</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Protracted Labor</i>	How long <i>—</i>
Immediate <i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. S. Young</i>
<i>Yes.</i>	Address <i>Breagerstown</i>
Accident or Suicide?	<i>Fred'k Co.</i>



Name
in
Full

Charles Edward Derr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Dec.</i>	Day <i>1</i>	Age <i>56</i>	Years <i>9</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Frederick, Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Butcher</i>					
Name of Wife or Husband <i>Alice R. Haley</i>							
Father's Name <i>Daniel Derr</i>		Father's Birthplace <i>Fredk. Co., Md.</i>					
Mother's Maiden Name <i>Katherine Dertzbaugh</i>		Mother's Birthplace <i>Fredk., Md.</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatic Gout - Contracted Kidney</i>	How long <i>Some years</i>
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hendrix</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Salomon D Devilbiss
Died at *Halkersville* ^{Town} *Frederick* ^{County} *MARYLAND*

Date of death 190*7* Month *12* Day *5* Age *76* Years Months Days

Sex *male* Color or Race *white* Birth-place *Halkersville*

Married, *Single* Occupation *Farmer.*

Name of Wife or *Husband* *Nettie (Crouse)*

Father's Name *David* Father's Birthplace *Halkersville*

Mother's Maiden Name *Catherine Fulton* Mother's Birthplace *Woodboro, Md.*

Name of person giving Information *Physician* How related to deceased

CAUSES OF DEATH

Primary *Chronic bronchitis* *91* How long *4 or 5 years*

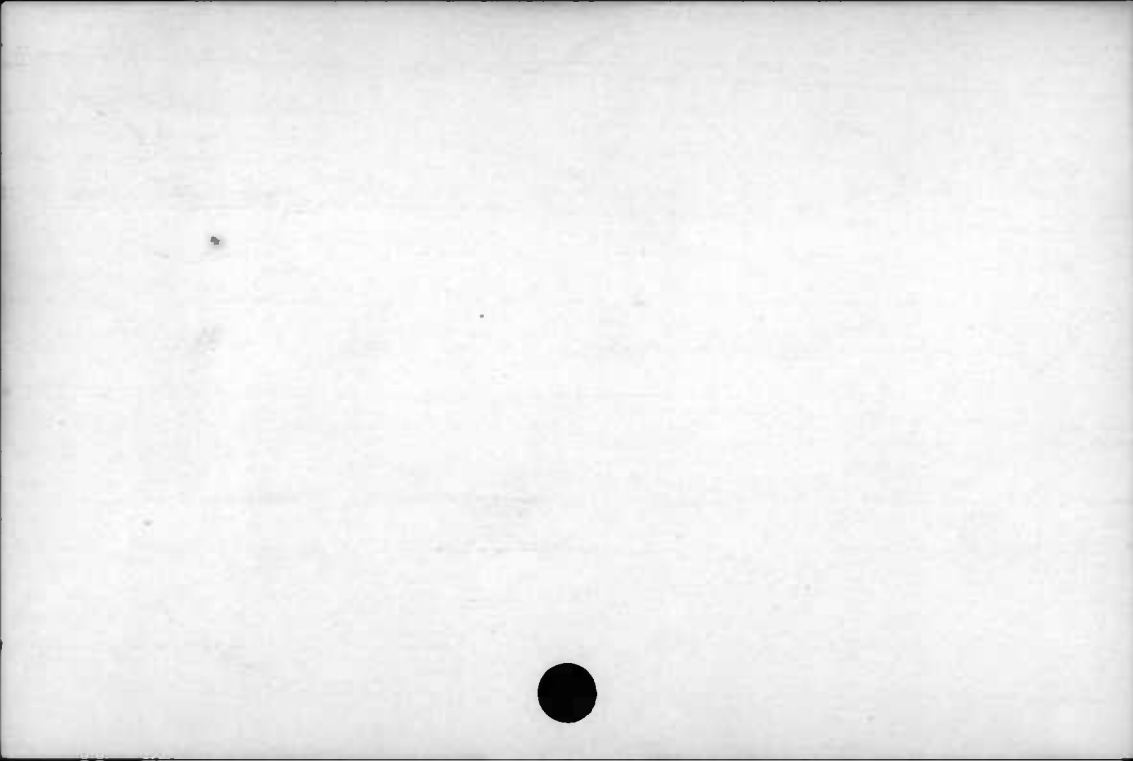
Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. D. McQuinn*
Halkersville,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Randolph Darsey

Town

County

Died at

MARYLAND

1902 Month 12 Day 27 Y. 53 M. D. Native of Md Occupation Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Dropsy & Heart-disease

How long sick

18 months

Death

Immediate

Thromboplexy

Accident, Suicide, Homicide

Reported by

G P Baile

Address

New Windsor

79th Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Over

Attended by Dr. Stone
of Mount Pleasant
~~Seen by~~ Frederick Co
of Ind

Information contained in this certificate received from Family
of Deceased

Name in Full:

Certificate of Death

Randolph Dorsey

Town

County

Died at

Unionville

Frederick

MARYLAND

Date

1902

Month

Dec

Day

27

Y.

56

M.

D.

Native of

Md.

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Della Dorsey

Clayton H. Dorsey

Mother's

Name

not known

Primary Heart's Insufficiency

Immediate Apoplexy

How long sick

one year

Accident, Suicide, Homicide

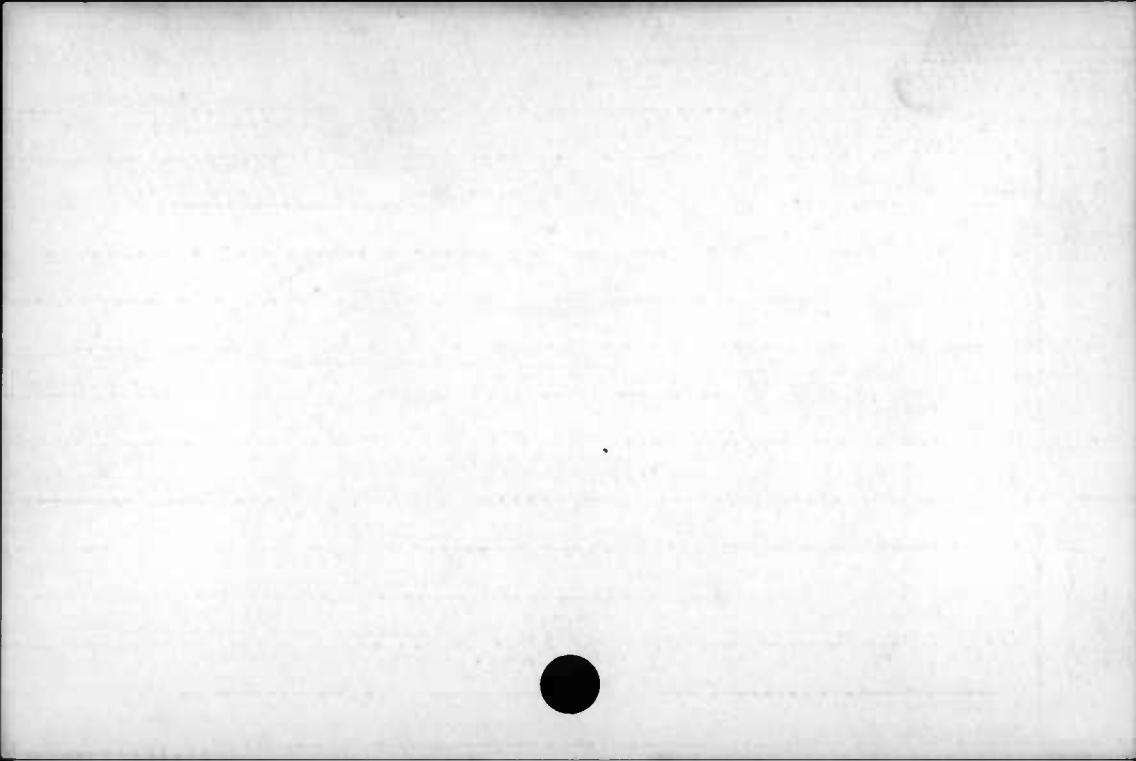
J. B. Moore M.D.

Liberty town, Md.

LIBRARY BUREAU, 65968



Name in Full		Lloyd Edward Edmonson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND		
	Date of death 190 <u>2</u> ^{Month} <u>Dec</u>		<u>2</u> ^{Day}		<u>3</u> ^{Years}		<u>10</u> ^{Months}
	<u>Male</u> ^{Sex}		<u>white</u> ^{Color or Race}		<u>Washington Co. Md.</u> ^{Birth-place}		
	<u>Married, Single or Widowed</u>				<u>Occupation</u>		
	<u>Name of Wife or Husband</u>						
	<u>Father's Name</u> <u>Roy Edmonson</u>				<u>Father's Birthplace</u> <u>Ind.</u>		
<u>Mother's Maiden Name</u> <u>Amanda May Snyder</u>				<u>Mother's Birthplace</u> <u>Washington Co. Md.</u>			
<u>Name of person giving information</u> <u>Father</u>				<u>How related to deceased</u> <u>-</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	<u>Primary</u> <u>Burn</u>				<u>How long</u> <u>4 hours</u>		
	<u>Immediate</u> <u>Shock</u>				<u>How long</u>		
	<u>Are the name, age, sex, color, date and place correctly given above?</u> <u>Yes</u>				<u>Signature of Physician</u> <u>Kevin Treeth</u>		
					<u>Address</u> <u>Brunswick Md.</u>		
<u>Accident or Suicide?</u> <u>-</u>							



William Henry Eyster.

Died at Frederick ^{Town} Frederick City ^{County} MARYLAND

Date 1912 12 5 ^{Month} ^{Day} Age 1, 2, 14 ^{Y.} ^{M.} ^{D.} Frederick Md ^{Native of} Child, ^{Occupation}
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~
~~Wife~~

Father's Name John Eyster.

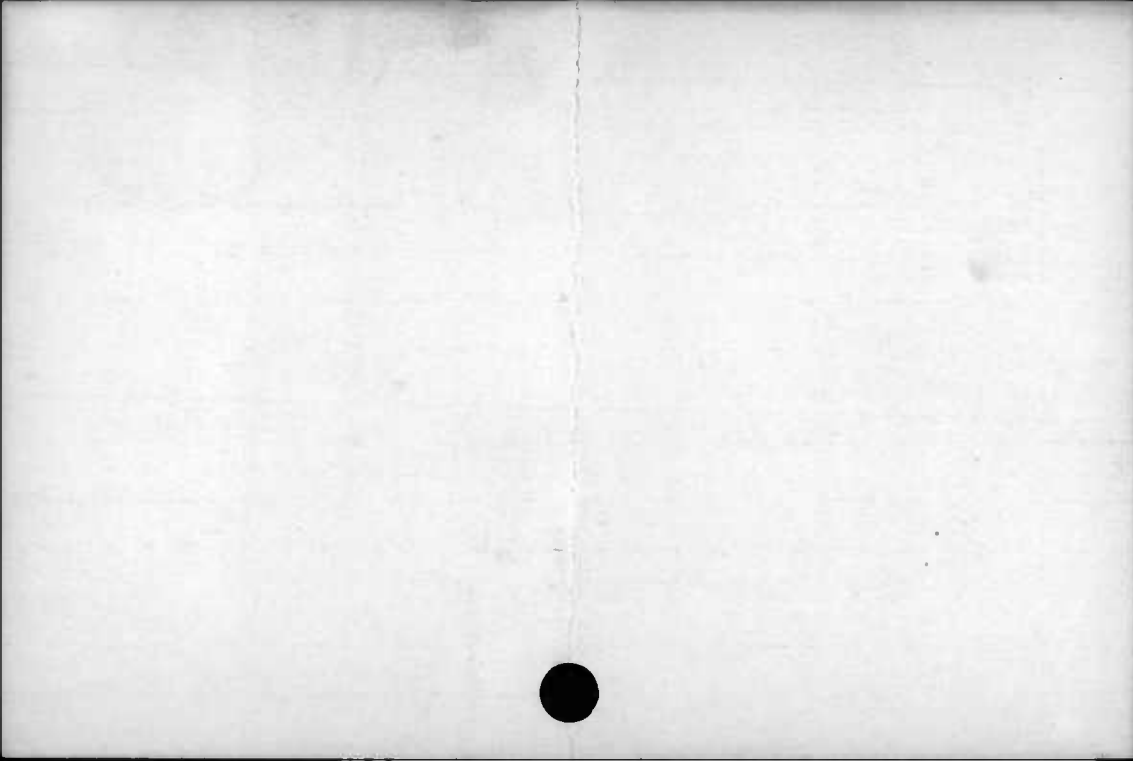
Mother's Name Annie R. Eyster.

Cause of Death { Primary Cardiac Onset, 99 ^{How long sick} 3 hrs
 Immediate Heart failure ^{Accident, Suicide, Homicide}

Reported by W. J. Henderson
 Address Frederick Md



Name in Full		John W. Fogle				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at		Liberty Town		County		Frederick		MARYLAND					
		Date of death		1903	Month	Dec	Day	29	Age	75	Years	Months	9	Days	13
		Sex		Male		Color or Race		White		Birth-place		Fried. Co., Md			
		Married, Single or Widowed		Married				Occupation		Farmer					
		Name of Wife or Husband		Matilda Ann Harris											
		Father's Name		William Jones					Father's Birthplace		Maryland				
		Mother's Maiden Name		Don't know					Mother's Birthplace		Don't know				
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		George Fogle 123					How related to deceased		Son				
		CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Cystitis & Uremic Poison					How long		for years				
		Immediate		Prostration					How long		Yrs				
		Are the name, age, sex, color, date and place correctly given above?							Signature of Physician		W E Stone M.D.				
									Address		Mt Pleasant Maryland				
		Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Friedens</i>		County <i>Friedens</i>		MARYLAND	
Date of death 1902		Month <i>12</i>	Day <i>22</i>	Age <i>18</i>	Years <i>18</i>	Months <i>X</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Married , Single or Widowed				Occupation <i>domestic</i>			
Name of Wife or Husband <i>X X X</i>							
Father's Name <i>John F. Cox</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Alice Foyle</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Mrs. Eph. J. Murray</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>10</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Long</i>
	Address <i>37. E. Polux St.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Robert Austin Fralcy

Town

County

MARYLAND

Died at Frederick.

"

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	12	9	4	11	12		md	x
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Isabella Frances.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fredesrick</i>		County <i>Fredesrick</i>		MARYLAND	
Date of death	1902	Month <i>12</i>	Day <i>2</i>	Age <i>61</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Ned.</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Maid or Servant</i>					
Name of Wife or Husband <i>Thomas Francis.</i>							
Father's Name <i>John Ladys</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Mrs. Boozer.</i>				How related to deceased <i>a Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis.</i>	<i>66</i>	How long <i>six months</i>
Immediate <i>1</i>		How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None in attendance for</i>
		Address <i>A. T. Price & Sons</i>
Accident or Suicide? <i>No</i>		<i>Funeral directors</i>



Oscar Leroy Frey

Died at ^{Town} Pleasant-walk ^{County} Fred Co MARYLAND

Date 1962 ^{Month} Dec ^{Day} 1 ^{Age} 10 ^{Y.} ^{M.} ^{D.} ^{Native of} Fred Co ^{Occupation} _____

Male ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Luo Frey 29

Mother's Maiden Name

Flora Penner

Cause of

Primary

Lateral mesenterica

How long sick

1 yr

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

S. S. Davis M.D.

Address

Boonsboro

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan May Gambrell

Town

County

Died at

Indeuch bel,

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12

2

Age 38

U.S.

A wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widowess

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full

Certificate of Death

Mildred Irene Gover
 Town County
 Died at *Dec* x *Myersville* *Fredrick* MARYLAND

Date 19*02*, *12-25* Month Day Y. M. D. Age *0-1-1* Native of *Md.* Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *—*

Husband of
 Wife

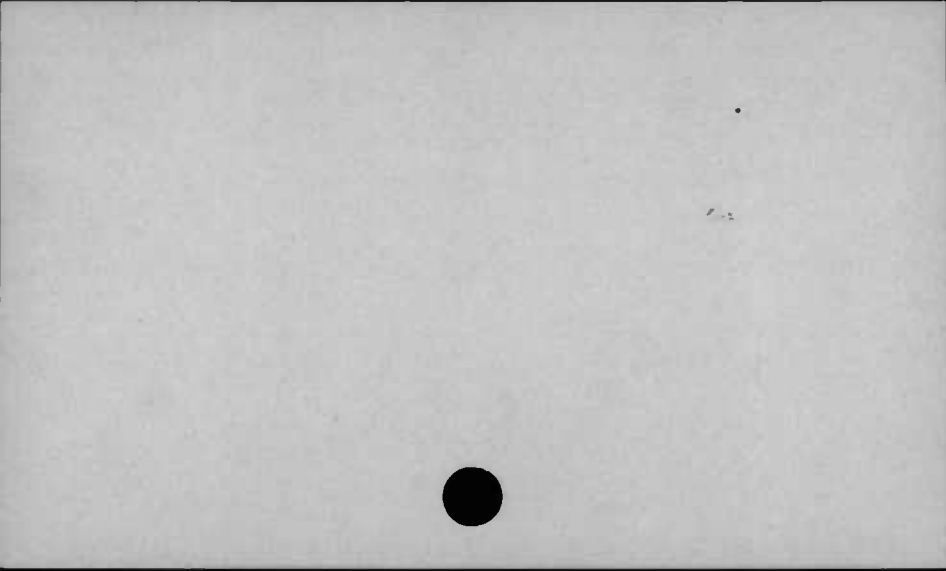
Father's Name *David F. Gover* Mother's Maiden Name *Carrie C. Johnson*

Cause of Death { Primary Immediate *Pneumonia* How long sick *7 days*
 { Accident, Suicide, Homicide

Reported by *Ralph Browning*

Address *Myersville, Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town Park Mill County Town MARYLAND
 Died Dec 29 1912 Month Day Y. M. D. Native of Occupation

Date 1912 Dec 29 Age
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Geo. Gues Mother's Maiden Name Laurie Tray

Cause of Death { Primary Still Birth How long sick 1
 Immediate 1 Accident, Suicide, Homicide

certified by

is

signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Emanuel M. Grove

Town

County

Died at

Fredrick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	12	22	55	3	0	md	Deputy
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	13

Husband
of

Grove

Father's
Name

Philip Grove

Mother's
Name

Margaret Morgan

Cause of

Primary

Diabetes Mellitus

How long sick

1 year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. F. Goodell - M.D.

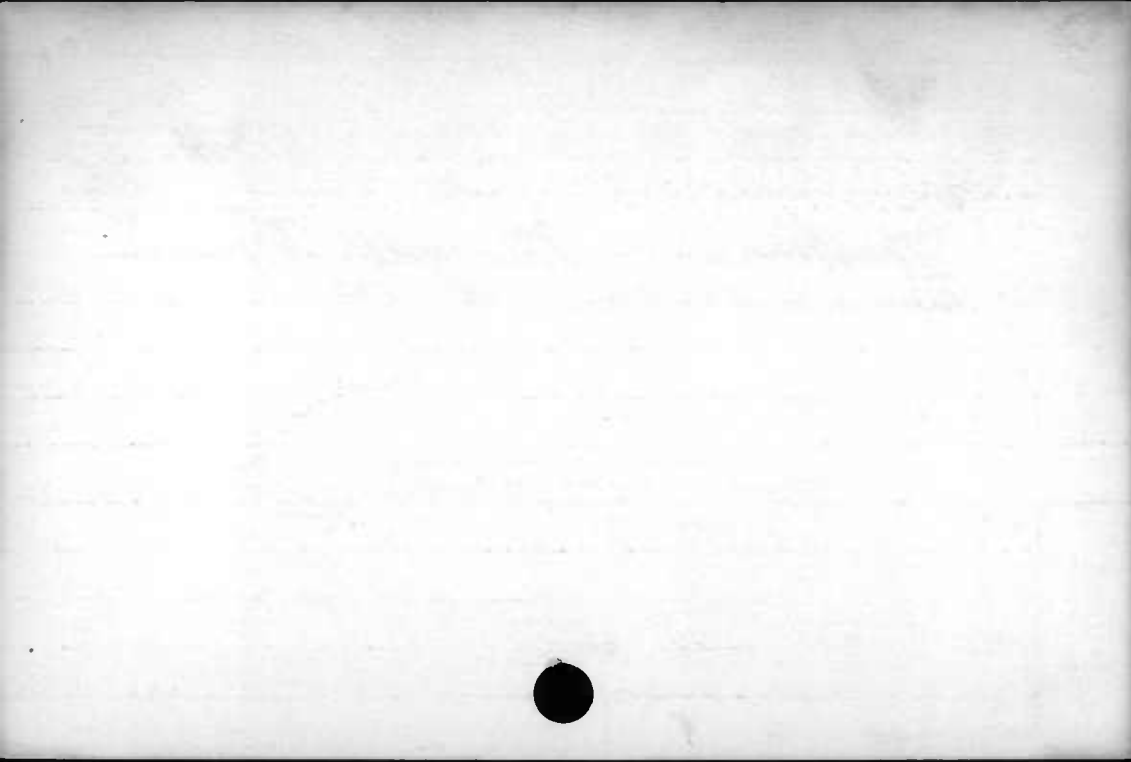
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 19968



Name in Full		MARYLAND						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Date of death 190		Month		Day		Years	
		Sex		Color or Race		Birth-place			
		Married, Single or Widowed		Occupation					
		Name of Wife or Husband							
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Secondary		How long			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		Accident or Suicide?							



Name In Full

Certificate of Death

Martha Ann Margaret Horns

Town

County

Died at

Brunswick Finck

MARYLAND

Date 19

02

Month

Day

12 11

Age

Y.

M.

D.

83 0 12

Native of

Frederick City

Occupation

H Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John H. Horns

Mother's

Maiden Name

Martha Ann Margaret Larkin

Cause of

Primary

Old Age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

154

L S R. Horns
City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Laura Victoria Hildebrand

CERTIFICATE OF DEATH

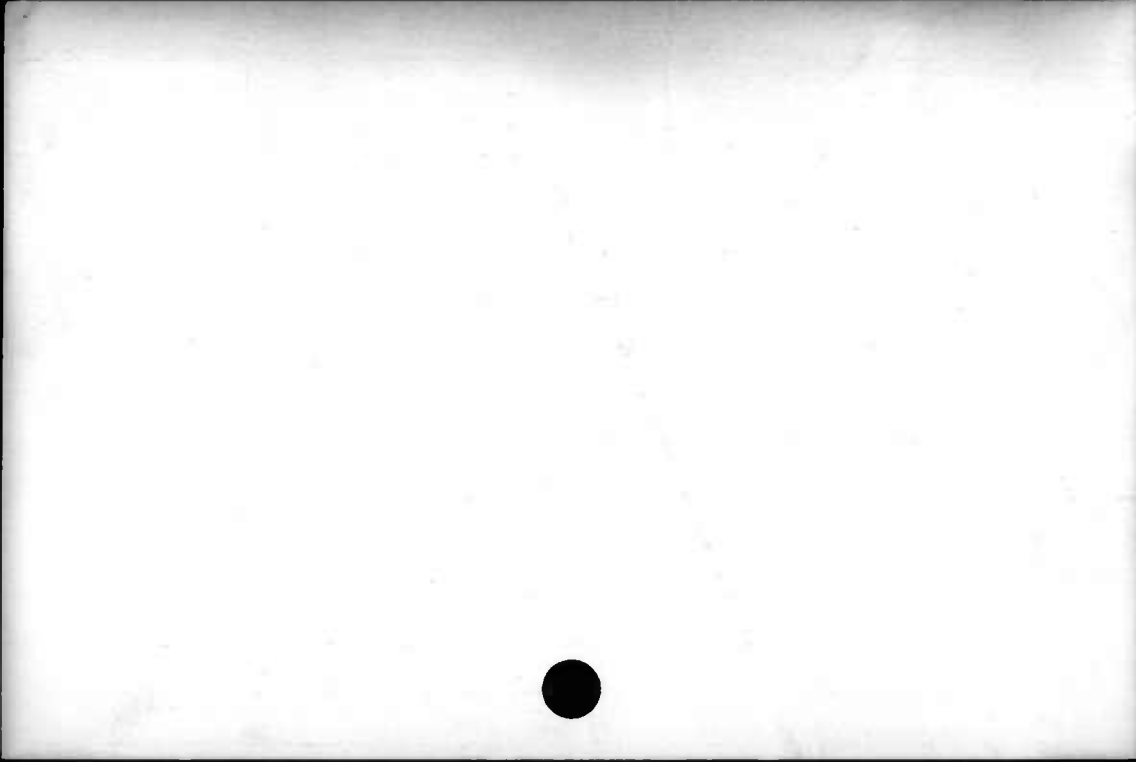
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1902		Month Dec.	Day 13	Age 61	Years	Months 7	Days 5
Sex Female	Color or Race White		Birth- place Md.				
Married, Single or Widowed widow		Occupation					
Name of Wife or Husband Lewis Martin Hildebrand							
Father's Name Tobias Staley		Father's Birthplace Md.					
Mother's Maiden Name Susan Miller		Mother's Birthplace Md.					
Name of person giving information Chas. F. Knock		How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Chronic Bright's Disease, Hemiplegia, Paralysis		How long Bright's Disease 1 year Paralysis 2 days	
Immediate Cause Asthma		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S. J. Haffner, M.D.	
		Address Frederick Md.	
Accident or Suicide?			



Name In Full

Certificate of Death

Samuel Hoke

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1892

Dec.

16

Age

53

11

18

Native of

Pa.

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband
of
WifeFather's
Name

Samuel Hoke sr.

Mother's
Name

Catharine Martin

Cause of

Primary

Cirrhosis of liver

How long sick

year

Death

Immediate

Transition

~~Accident, Suicide, Homicide~~

Reported by

B. H. Hoke M.D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name In Full

Certificate of Death

Mrs Clara Bell Holland

Town

County

Died at Brunswick Fredrick

MARYLAND

Date 1902 12 11 Age 24 11 19 Maryland Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 2

Wife of Charles R Holland
 Father's Name A. J. McAllister Mother's Name Sarah McAllister
 Cause of Death { Primary Tuberculosis of Lungs
 immediate Pneumonia
 How long sick 9 months
 Accident, Suicide, Homicide

Reported by

H. S. Hedges M.D.

Address

Brunswick

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant of Jas Z Holmes
 Town County

Died at

Knoxville

Fredericks

MARYLAND

Date 1902

Month

12

Day

30

Age

2

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Jas Z Holmes

Mother's

Maiden Name

Sarah Z Danner

Cause of

Primary

How long sick

Death

Immediate

Croup

Accident, Suicide, Homicide

Reported by

Chas Z Z Z Z Z

Address

Brunswick

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr west

M.D in attendance

Information given by
Father of Child

72

Name
in
Full

Benjamin C. Jacobs -

CERTIFICATE OF DEATH

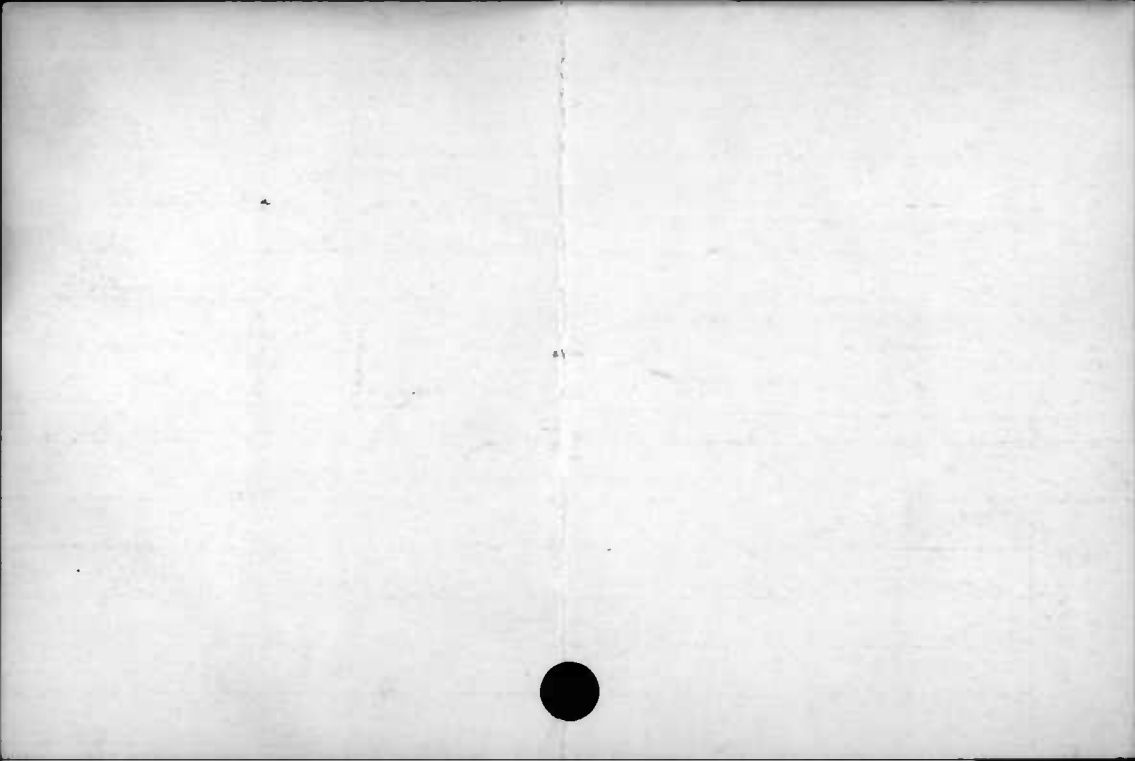
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pearl</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190	1	Month 12	Day 3	Age 29	Years	Months 9	Days 4
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Fredrick Co.</i>
Married, Single or Widowed		Occupation <i>Invalid</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Philip A. Jacobs</i>				<i>Fredrick Co.</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Laura J. Wimpigler</i>				<i>" "</i>			
Name of person giving Information				How related to deceased			
<i>" " Jacobs -</i>				<i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>3 weeks</i>
Immediate	<i>Paralysis</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Smith</i>	
		Address	
		<i>Mr. Pleasant</i>	
Accident or Suicide?			
<i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

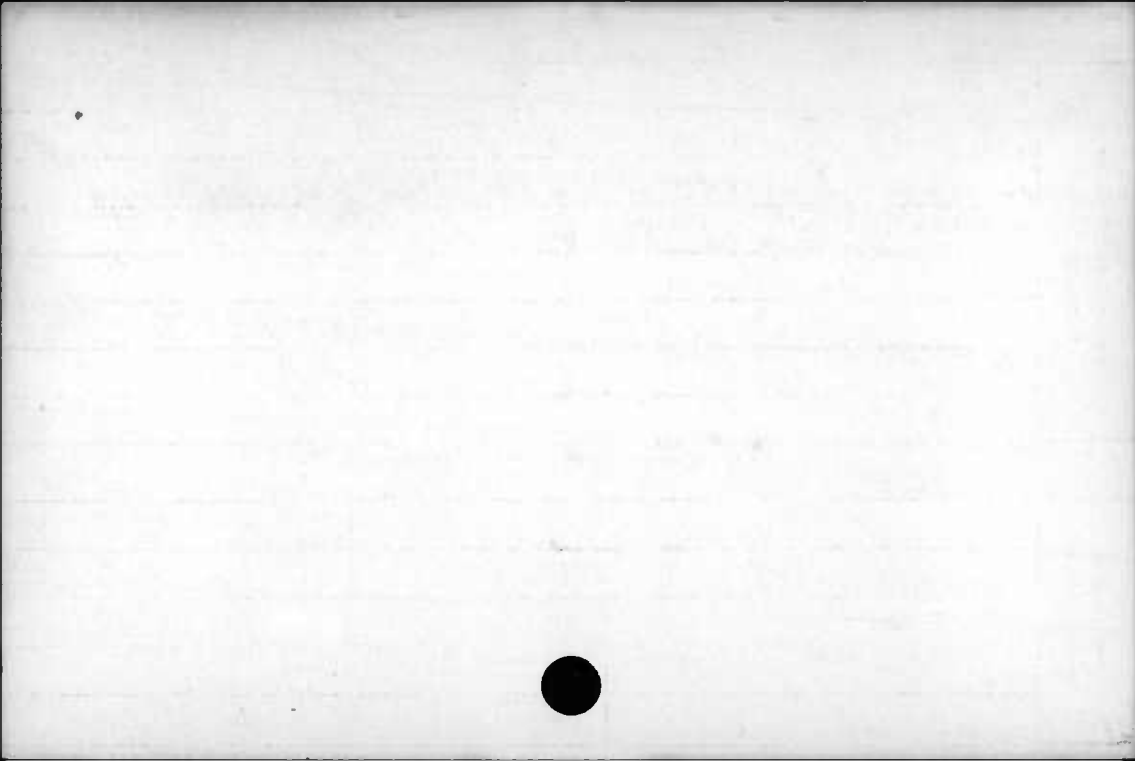
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Virginia Johnson</i>		Town <i>Brannswick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	2	Month	<i>Dec</i>	Day	26	Age	Years
						Months	9
Sex		<i>girl</i>		Color or Race		<i>colored</i>	
				Birth-place		<i>Brannswick</i>	
Married, Single or Widowed		<i>single</i>		Occupation		<i>none</i>	
Name of Wife or Husband							
Father's Name				<i>Nathan Jones</i>			
Father's Birthplace				<i>Virginia</i>			
Mother's Maiden Name				<i>Annie Johnson</i>			
Mother's Birthplace				<i>MD</i>			
Name of person giving information				<i>Annie Johnson</i>			
How related to deceased				<i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	How long	<i>2 weeks</i>
Immediate	<i>Spasms</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>			
<i>No physician in attendance</i>		Address	
<i>Dr. H. Horne</i>		<i>Brannswick MD.</i>	
Accident or Suicide?			



Clarissa Adler Kaufman,

Town

County

MARYLAND

Died *Indiana**Indiana*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 25

Age

*49 7 28**Ind.**Housewife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband of

Wife *Sigmund C. Kaufman*

Father's Name

Maxim Adler

Mother's

Maiden Name *Clara Bruchman*

Cause of Primary

Pneumonia

How long sick

Four years

Death Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

*J. B. Johnson**M.D.*

Address

Indiana Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Marshall E. Keeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodsboro.</i>			County <i>Frederick.</i>			MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>7</i>	Age	Years <i>2</i>	Months <i>8</i>	Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Woodsboro</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>J. Philip Keeney</i>				Father's Birthplace <i>Woodsboro.</i>			
Mother's Maiden Name <i>Annie P. Smith</i>				Mother's Birthplace <i>Bohreville.</i>			
Name of person giving information <i>J. Philip Keeney</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>18 days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. Beall.</i>	
		Address <i>Libertytown, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
FullInfant of Chas. E. Klein
Town Braddock County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

MARYLAND

Date

of death 190

Month

Day

Years

Months

Age

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

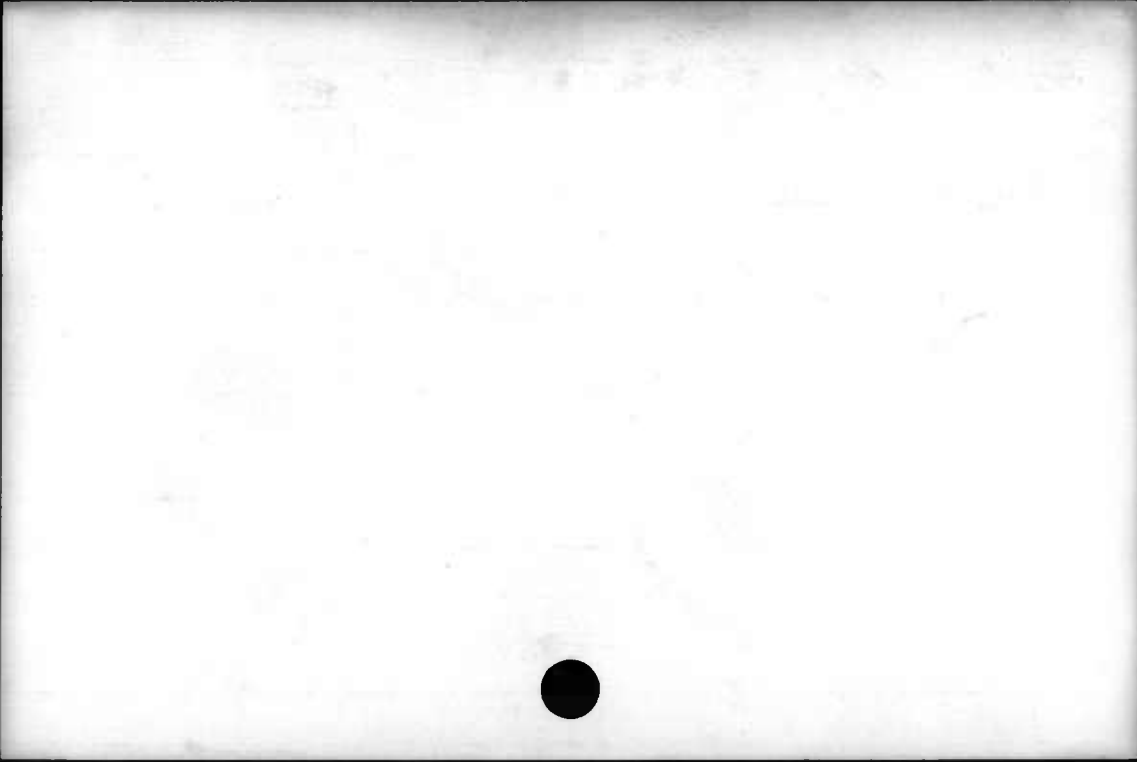
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Cecilia F. Koogle

Town

County

Died

near Middletown

MARYLAND

Date

1902 Dec 29

Month

Day

Y.

M.

D.

Native of

Occupation

Age

3

5

29

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John W. D. Koogle

Mother's

Name

Emma C. Poffenbarger

Cause of

Primary

Gastroenteritis

How long sick

9 days

Death

Immediate

Exhaustion + Heart failure

Accident, Suicide, Homicide

Reported by

E. L. Beckley, Jr., D.

Address

Middletown Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85965

H.C. Fleet
Undertaker

Name
in
Full

Wheeler Leatherman

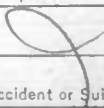
CERTIFICATE OF DEATH

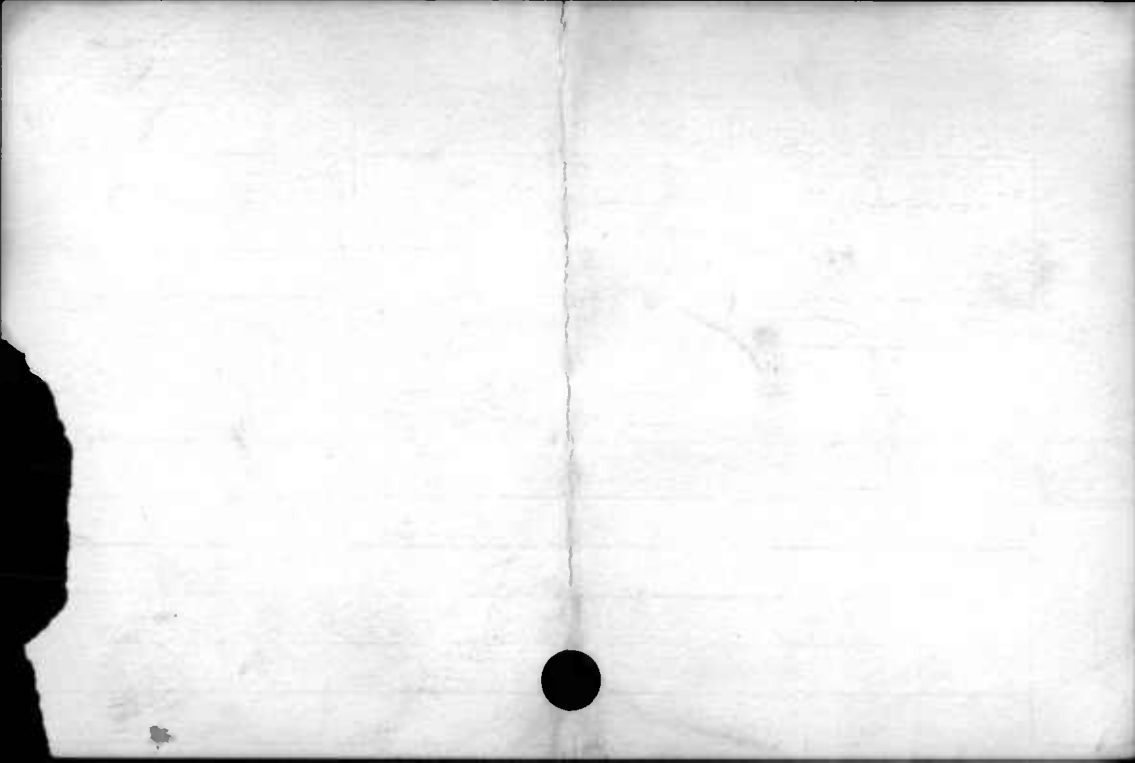
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Woffsville</u> ^{County} <u>Fordrick-</u>		MARYLAND	
Date of death 190 <u>2</u> ^{Month} <u>Dec</u> ^{Day} <u>13</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>24-</u>	Sex <u>Male-</u>	Color or Race <u>White</u>	Birth-place <u>Ford Co.</u>
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>Melvin Leatherman</u>		Father's Birthplace <u>Ford Co</u>	
Mother's Maiden Name <u>Ella Grossnickle</u>		Mother's Birthplace <u>Ford Co</u>	
Name of person giving information <u>Arthur Leatherman</u>		How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonic Congestion</u>	How long <u>15 days</u>
Immediate <u>93</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.B. Wheeler M.D.</u>
	Address <u>Beaumont</u>
	<u>Washington Co -</u>
Accident or Suicide? <u>—</u>	



Christopher A. Leidner

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1914

Apr 18

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid

How long sick

3 Mon

Death

Immediate

Typhoid

66

Accident, Suicide, Homicide

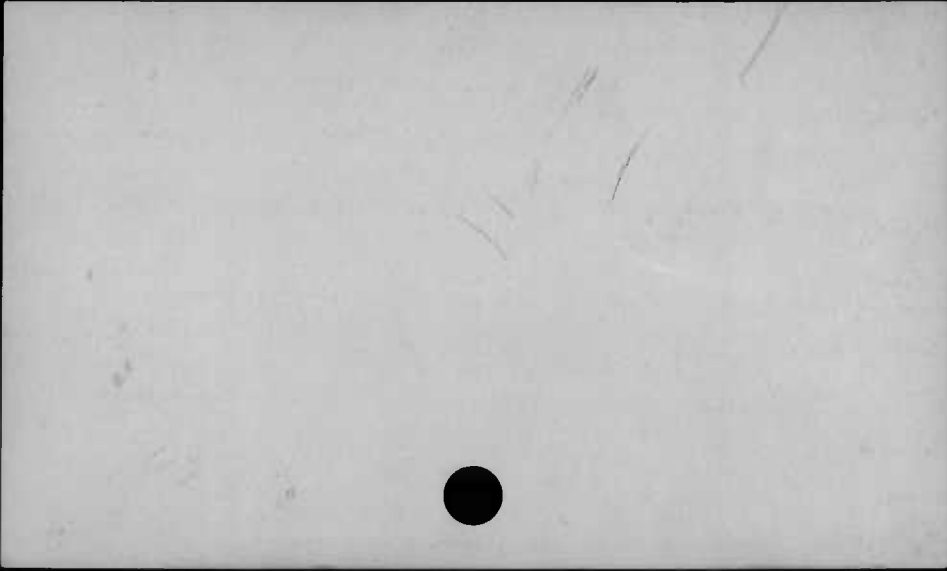
Reported by

S. S. S. Maynard

Address

17 Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ollie Long

20,

CERTIFICATE OF DEATH

MARYLAND

Died at New London Town

Frederick County

Date
of death 1902

Month

Dec.

Day

20

Years

Age

Months

3

Days

3

Sex

Female

Color or
Race

white

Birth-
place

New London, Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Jas. Long

Father's
Birthplace

Maryland

Mother's
Maiden Name

Tommy Long

Mother's
Birthplace

Maryland

Name of person giving
information

Lommie Long

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pertussis

How long

3 wks.

Immediate

Bronch. Pneumonia

How long

8 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Howard H. Hopkins Jr.

Address

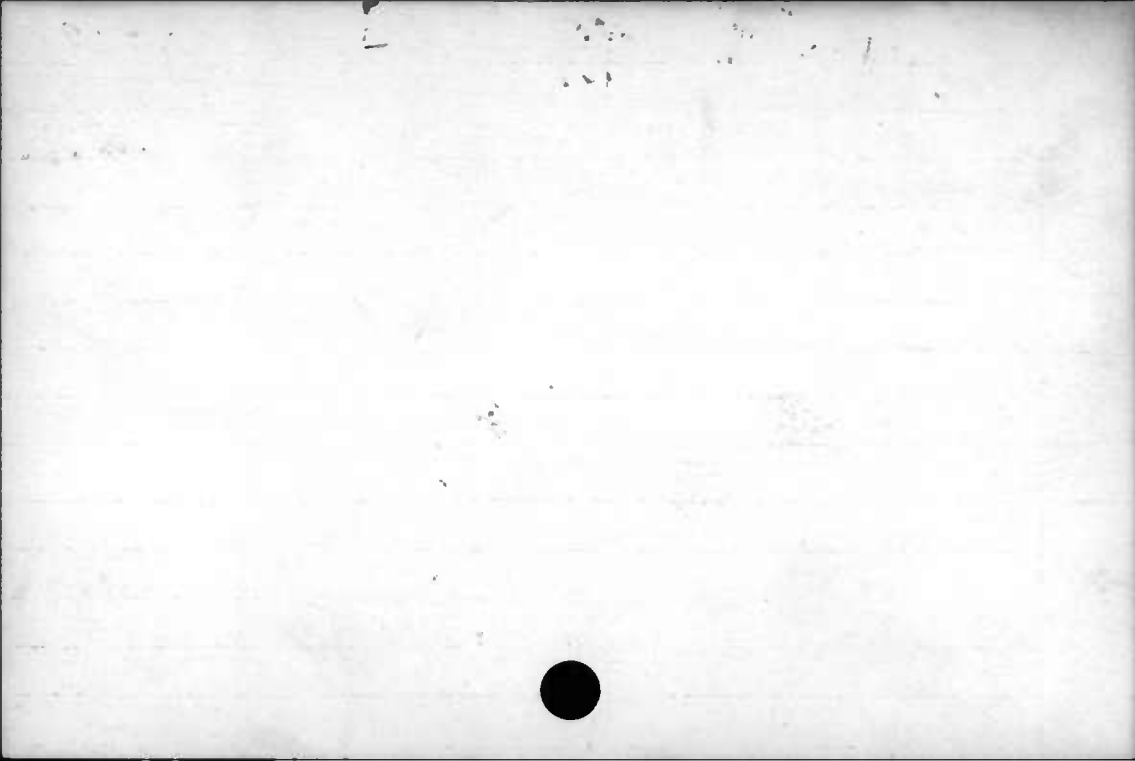
New Market, Fredk. Co.

Accident or Suicide?

no

Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Edward J. McNeely

Town

County

Died at

Emmitsburg Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12-17

Age

73-9-5

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

7

Husband

of

Wife

Father's

Name

Edward M. McNeely

Mother's

Maiden Name

Susan Kelley

Cause of

Primary

How long sick

one week

Death

Immediate

Heart Disease

~~Accident, Suicide, Homicide~~

Reported by

Mr H E Stone

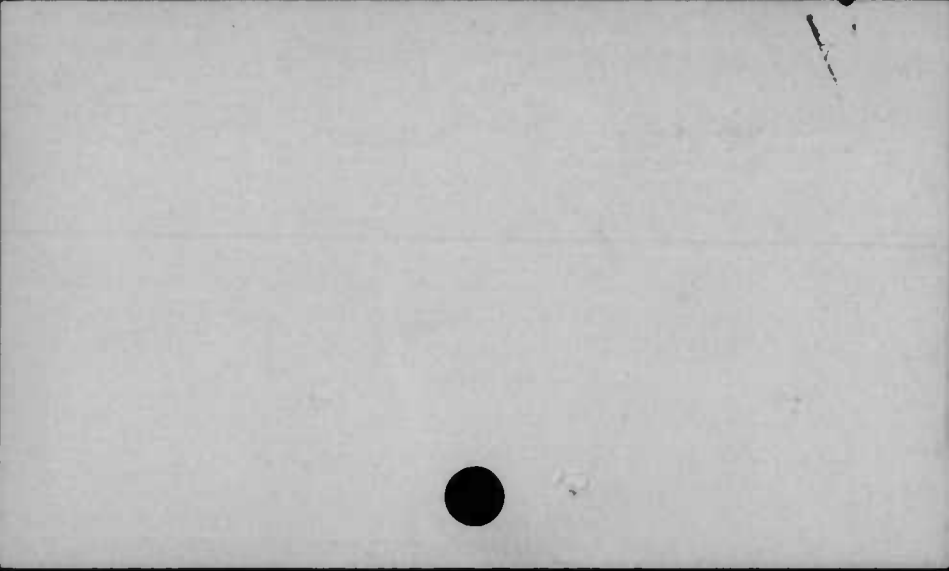
Address

Emmitsburg

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808



Name In Full

Certificate of Death

Mulligan Jas.

Town

County

Died at

MARYLAND

Frederick — do —
 Month Day Y. M. D. Native of Occupation
 Date 1892 - 12 - 12 Age 72-8-8 Md.

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 8

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cerebral Softening

How long sick

6 wks +

Death

Immediate

Apnoea

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808

W. H. C. Emery

Dec 18-

C. C. Leach

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

received from _____

of _____

Name
in
Full

Mahaliah Murdock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frederick.</i>		^{County} <i>Frederick.</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>12th</i>	Day <i>18th</i>	Age ^{Years} <i>About 80</i>	Months	Days
Sex <i>Female.</i>	Color or Race <i>Colored.</i>	Birth-place <i>Va.</i>			
Married, Single or Widowed <i>Widowed.</i>	Occupation <i>Cook.</i>				
Name of Wife or Husband <i>Not known</i>					
Father's Name <i>"</i>			Father's Birthplace <i>154</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs. James Bentley</i>			How related to deceased <i>No relation.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility, Heart disease</i>	How long	<i>Several weeks.</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>As near as can be ascertained.</i>		Signature of Physician <i>U. G. Bourne, M.D.</i>	
		Address <i>52 Allison St. Frederick, Md.</i>	
Accident or suicide? <i>No</i>			



Name
in
Full

Hermit's Belton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mount Pleasant* Town

St. Louis County

Date
of death 190*7*

Month
Dec

Day
6

Age
70 Years

Months

Days

Sex
Female

Color or
Race *White*

Birth-
place *Centerville*

Married, Single
or Widowed *Single*

Occupation

Name of Wife or
Husband

Father's
Name *Mathan Belton*

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information *Dr. Chas Goldsborough*

How related
to deceased

CAUSES OF DEATH

Primary *45*

How long

Immediate *Cancer*

How long

Are the name, age, sex, color, date
and place correctly given above?

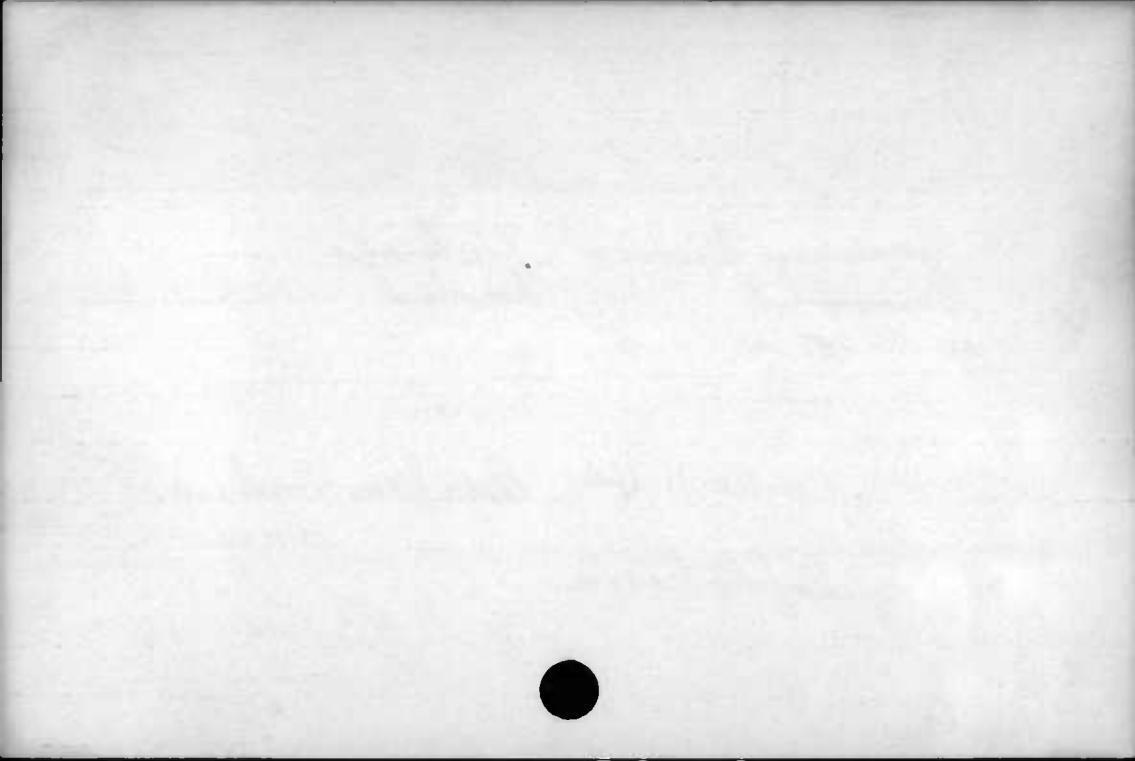
Signature of
Physician *Chas W. Goldsborough*

Yes

Address
Centerville Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Norman Curtis Nichols.

Town

County

Died at

Brunswick

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12

9

2

5

18

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband
of
Wife

Father's

Name

Rodger Curtis Nichols

Mother's

Maiden Name

Ada May Borkers.

Cause of

Primary

Death

Immediate

Diphtheria.

How long sick

10 days.

Accident, Suicide, Homicide

Reported by

Address

B. S. Rether M D
City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ella O Conner

Town

County

Died at

Frederick

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

12

1

Age

35

-

-

Frederick

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Bright's Dis

How long sick

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

C. C. Conner

FD

120

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REG



Miss Nellie Frances Oden

Town

County

Died at

Point of Rocks

Frederick

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec 19

Age

17.9.9

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Nathan Oden

Mother's

Name

Ellen Jane Lewis

Cause of

Primary

Consumption

How long sick

about one year

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

A. J. Colbert

Undertaker

Address

Point of Rocks

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nessie L. Oland

CERTIFICATE OF DEATH

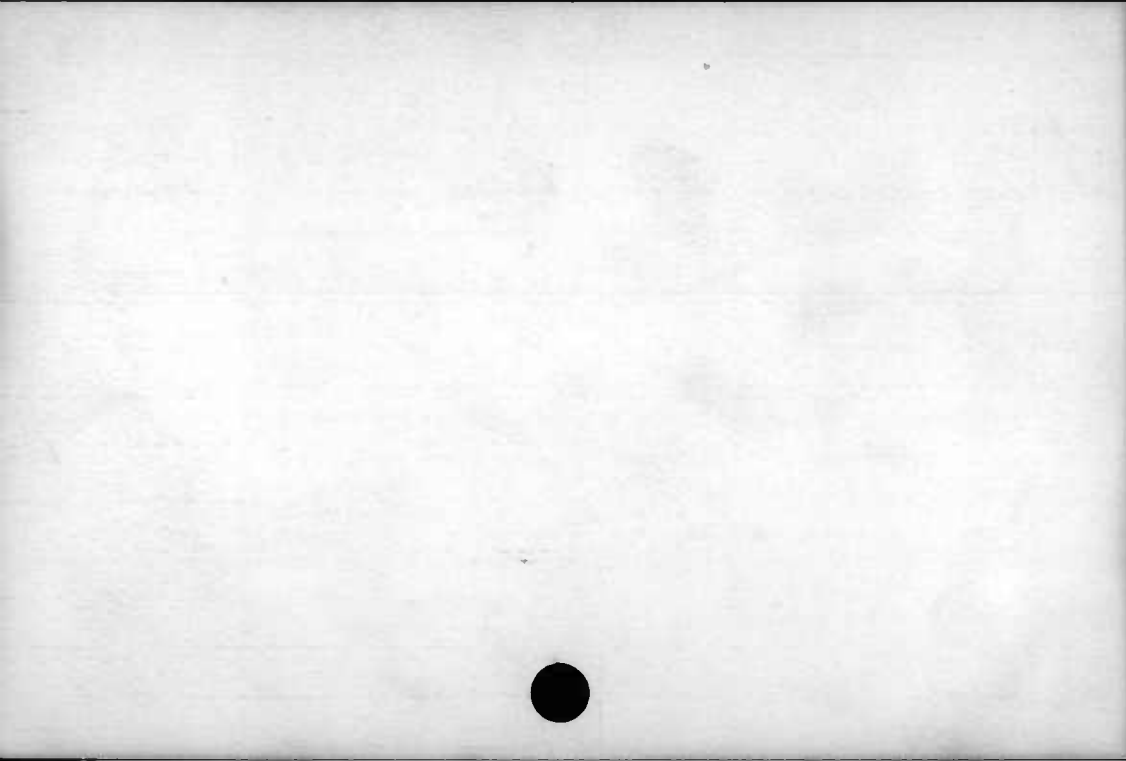
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near ^{Town} Frederick		County ^{Frederick}		MARYLAND	
Date of death 190	2	Month	Dec.	Day	2	Age	Years 19
						Months	10
						Days	11
Sex		Female		Color or Race		White	
				Birth-place		Frederick, Md.	
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name		David Oland				Father's Birthplace	
						Fredk. Co., Md.	
Mother's Maiden Name		Louisa Doll				Mother's Birthplace	
						Fredk. Co., Md.	
Name of person giving Information		50				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes mellitus	How long	about 2 years
Immediate	Uraemia Coma	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. O. Hendrix	
Address		Frederick, Md.	
Accident or Suicide?			



Name
in
Full

Isaac Pleasant

CERTIFICATE OF DEATH

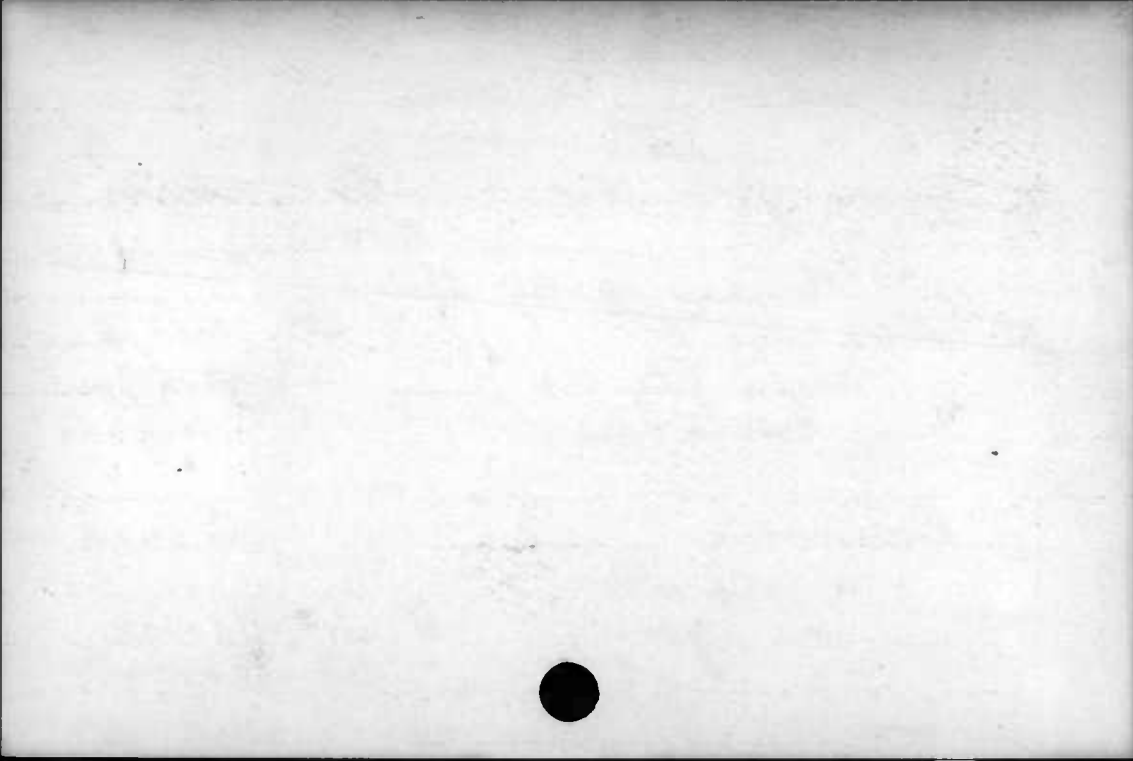
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Md</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>12</u> ^{Month}	<u>16</u> ^{Day}	Age <u>31</u> ^{Years}	<u>4</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Frederick Md</u>		
Married, <u>Yes</u> No	Occupation <u>Laborer</u>				
Name of Wife <u>Daisy Pleasant</u> Husband					
Father's Name <u>X</u>	<u>X</u>	<u>X</u>	Father's Birthplace <u>X</u>	<u>X</u>	<u>X</u>
Mother's Maiden Name <u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
Name of person giving information <u>Mary Pleasant</u>			How related to deceased <u>Mother</u>		

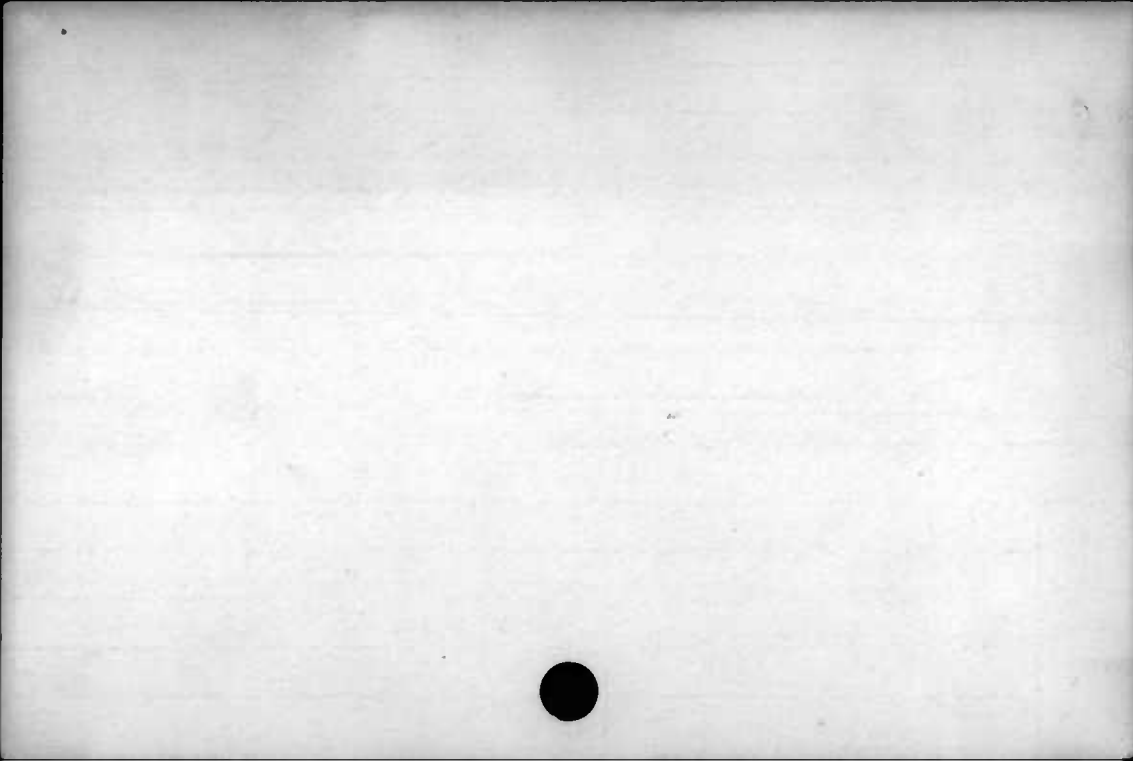
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>4 Months</u>
Immediate <u>Exhaustion</u>	How long <u>2 " " " "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. L. Long M.D.</u>
Address <u>37 E. Patrick St</u>	City <u>City</u>
Accident? <u>No</u>	



Name in Full Annie Price		M. 18 CERTIFICATE OF DEATH	
Died at Burnt Mill <small>Town</small>		Frederick <small>County</small>	
Date of death 1902 Dec. <small>Month</small>		19 <small>Day</small>	
Female <small>Sex</small>		White <small>Color or Race</small>	
Widow <small>Married, Single or Widowed</small>		House-keeper <small>Occupation</small>	
Samuel Wesley Price <small>Name of Wife or Husband</small>		Maryland <small>Father's Birthplace</small>	
Peter Kemp <small>Father's Name</small>		Montgomery <small>Mother's Birthplace</small>	
Rachel Gaither <small>Mother's Maiden Name</small>		Daughter <small>How related to deceased</small>	
Emma Steel <small>Name of person giving information</small>			
CAUSES OF DEATH			
Pneumonia <small>Primary</small>		93 <small>How long</small>	
4 <small>Immediate</small>		one week <small>How long</small>	
yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		H. E. Stone <small>Signature of Physician</small>	
		Mt Pleasant <small>Address</small>	
		Maryland	



Name In Full

Certificate of Death

Carlton R Remsburg

Town

County

Died at Middletown

Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1802	Dec	16	4	6	14	Ind	None
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of

Wife

Father's
Name

Albert S Remsburg

Mother's
Name

Clara E Rouffahr

Cause of

Primary

Inalarial Fever 4

How long sick

12 days treated -

Death

Immediate

Anemia & phthisis

Accident, Suicide, Homicide

Reported by

E L Beckley Jr D -

Address

Middletown Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H C Fute
undertaker

Name in Full

Certificate of Death

George Phillip Rhodes

Town

County

Died at Frederick

Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	12	12	—	2	6	Frederick	—
Male	White	Marrried	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
Wife

Father's Name Shaffer L Rhodes Mother's Maiden Name Harriet E Engelbrecht

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Hemorrhage of bowels	Asphyxiation	3 days	Accident, Suicide, Homicide

Reported by S. S. Maynard.

Address 17 Green St - W

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

West Olmit Cemetery

Dec 14-1902

C. C. Barclay

Name In Full

Certificate of Death

Louisa Routzahn -
 near *Indrick* Town *Indrick* County

MARYLAND

Died at *Indrick* *Indrick*
 Date 19*02* Month *12* Day *19* Y. *49* M. *—* D. *—* Native of *US* Occupation *Tool gate Keeper*
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living *—*

Husband of

Wife

Father's Name *Imatou Routzahn* Mother's Maiden Name *Catharine Sheffer*

Cause of Death Primary *Ovarian Tumor* *131* How long sick *20 years -*

Death Immediate *Eschhaustion* *131* Accident, ~~Suicide~~, Homicide

Reported by *Franklin Buchanan Smith M.D.*

Address *Indrick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Lucy Ryan

Town

County

Died at

Mount Airy

Froude

MARYLAND

Date 192

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 26

Age

34

None

None

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid

How long sick

3 Mos

Death

Immediate

Dying - 36

Accident, Suicide, Homicide

Reported by

H. S. S. Maynard

Address

17 Penn St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79846



Name in Full

Certificate of Death

Infant Child

Town

County

MARYLAND

Died at

Harmony

Frederick

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec 24

Age

md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lorton Shank
 Town County Berkeley Md MARYLAND
 Died at
 1901
 Date 189
 Month Dec Day 2 Y. 23 M. D.
 Native of Occupation
 Male White Married Widew Divorced
 Female Colored Single Widower Number of children living

Husband of Minnie Tricestone
 Wife
 Father's Name Carlton B. Shank Mother's Name Sarah Palmer

Cause of Death { Primary Immediate
 Explosion of dynamite
 How long sick
 Accident, Suicide, Homicide

Reported by H. C. Tricestone
 Address Middleton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REPER

Attended by Dr. _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

Ida Mary Sherrald

CERTIFICATE OF DEATH

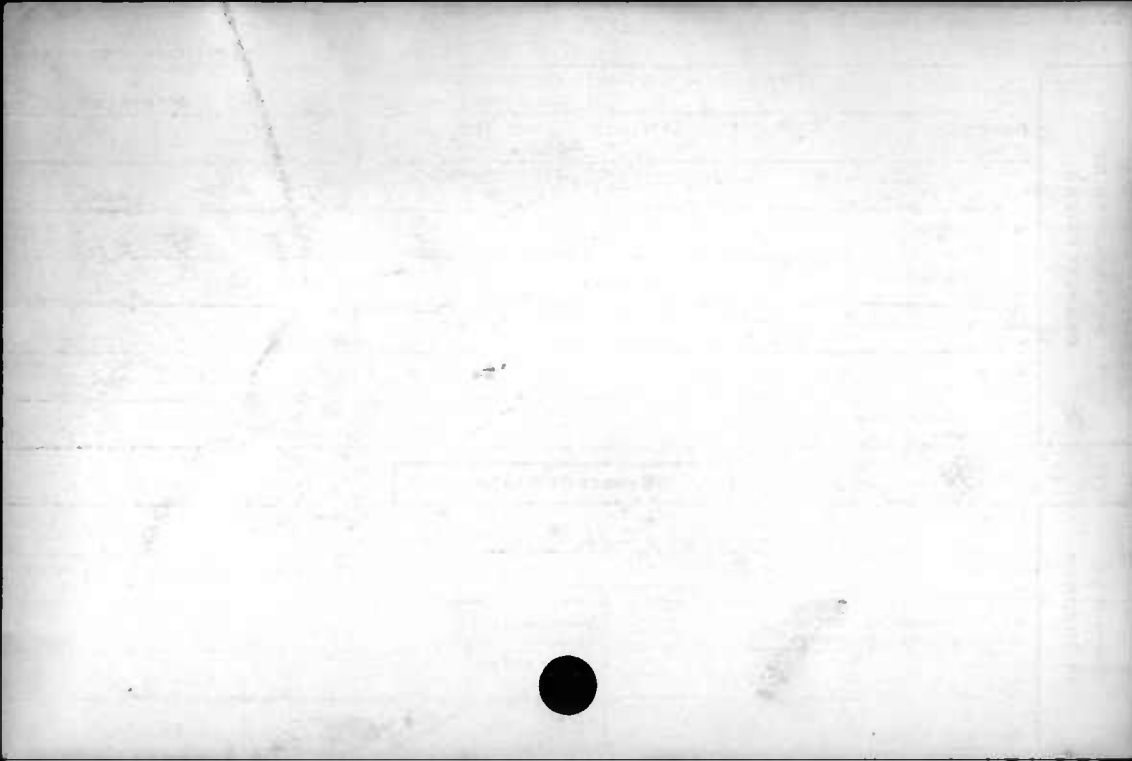
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>4</i>	Years <i>4</i>	Months <i>10</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>single</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>J. Frank Sherrald</i>			Father's Birthplace <i>R.I.</i>		
Mother's Maiden Name <i>Mary E. Geaser</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>J. F. Sherrald</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria causing</i>	How long <i>one week</i>
Immediate <i>acute nephritis</i>	How long <i>three week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Crawford</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Superior

Town

Shipley

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

2 26

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Harry Shipley

Mother's

Maiden Name

Fannie

Cause of

Primary

Stillborn

How long sick

Death

Immediate

Accident, Suicide, Homicide

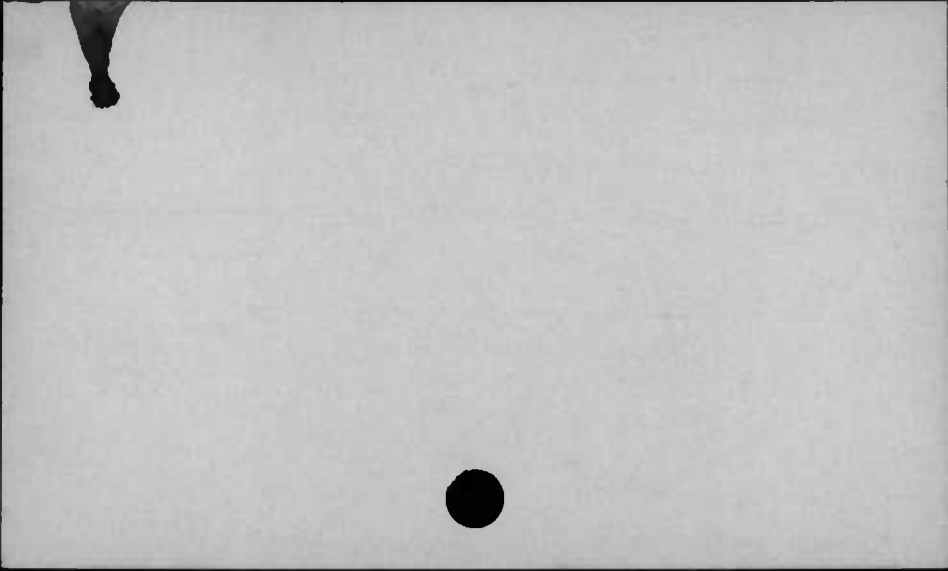
Reported by

Geo. M. Bundy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Claude Smith

Town

County

Died at

Near Sherrill

Ind

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	12	25	Age	24		Ind	Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	1		

Husband of

Wife of

William Smith

Father's

Mother's

Name

Hall Smith

Maiden Name

Heller

Cause of

Primary

Bronchitis

How long sick

2 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

C. C. C. C.

Address

93

Grahamstown Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary H. Speak

Town

County

MARYLAND

Died at

New Market, Frederick

Month

Day

M.

D.

Native of

Occupation

Date 1902

Dec. 4th

Age

24 10. 2

Md

House-keeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

of

Wife

Charles Speak

Father's

Name

Silas Rickite

Mother's

Maiden Name

Mary Hart

Cause of

Primary

Abortion

How long sick

Three weeks

Death

Immediate

Puerperal Septicemia and Septicemia

~~Accident, Suicide, Homicide~~

Reported by

Frank Hedger M. D.

Address

124

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

Marietta

Rhodevick Steiner

Town

County

MARYLAND

Died at

Fredk

Fredk

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

12

16

Age 60

3

Md

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living 1

Husband of

Wife

Father's

Mother's

Name

Maiden Name

James O Steiner

Mehlan Rhodevick

Mary A Flook

Cause of

Primary

Apoplexy

How long sick

4 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr Mrs Crawford Johnson

Address

Fredk

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

M O O only -
Dec 18 -

G. G. Gentry

Name
in
Full

Chester Norwood Stull
Died at *Frederick* Town *Frederick* County

CERTIFICATE OF DEATH

MARYLAND

Date of death 190 *2* Dec. *18* Age *5* Years *10* Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband

Father's Name *Owen Stull*

Father's Birthplace *Md.*

Mother's Maiden Name *Hma Fogle*

Mother's Birthplace *Md.*

Name of person giving information *Len Fogle*

How related to deceased *Aunt*

CAUSES OF DEATH

Primary *Diphtheria*

How long *Seven days*

Immediate *Cardiac Asthenia*

How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *yes*

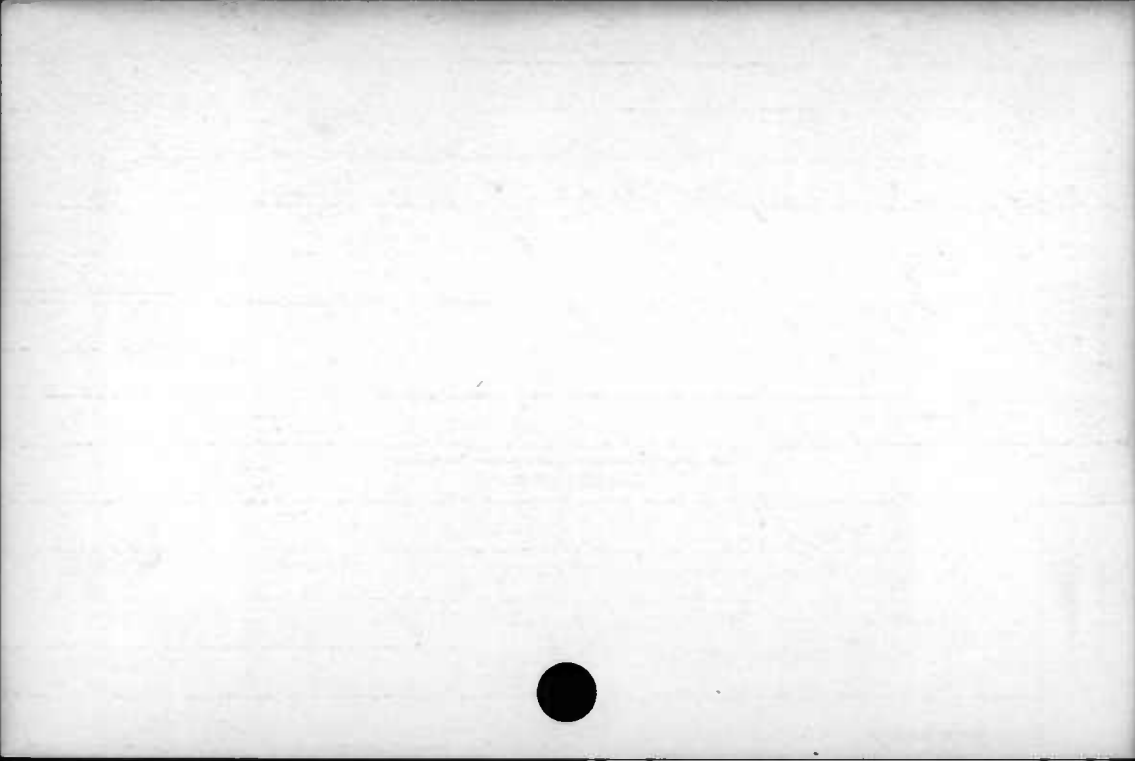
Signature of Physician *S. B. Hays*

Address *Frederick, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Philip M. Mearns

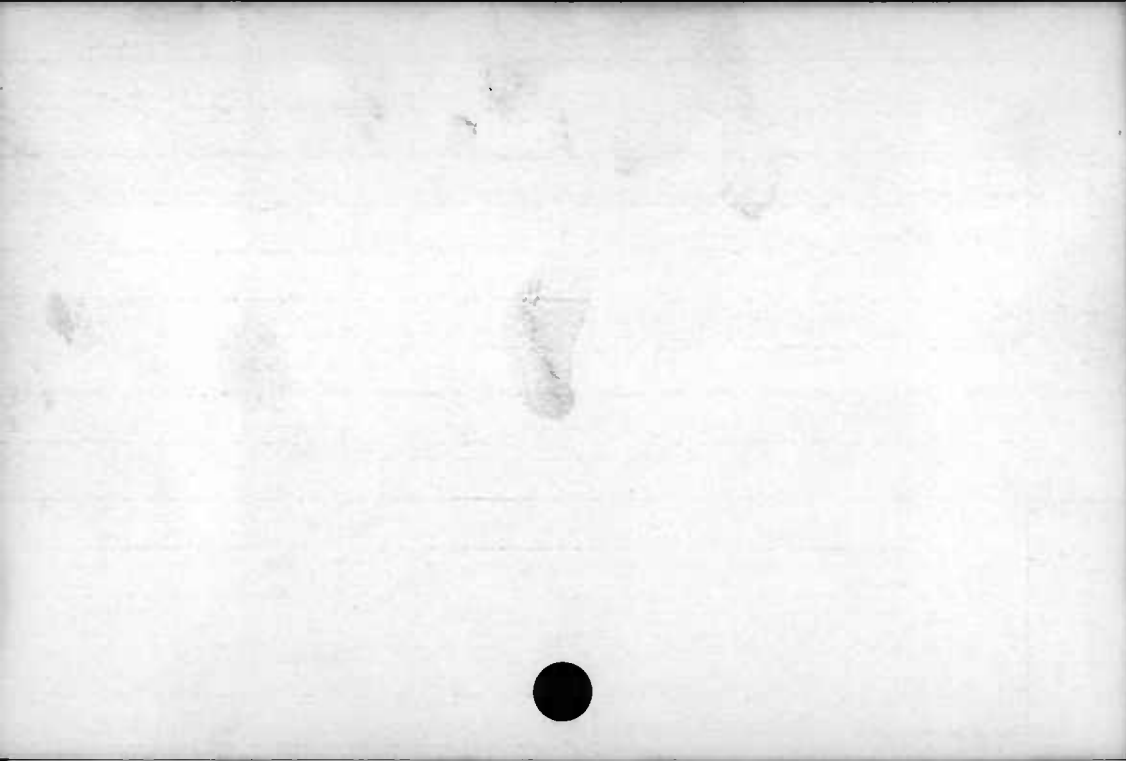
18 No 19-
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> ^{Town}		<i>Fredenck</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>19</i>	Age <i>76</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Funkles Md</i>	
Married, Single <i>Married</i> or Widowed		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Dora Kuen</i>					
Father's Name <i>Fielden Thompson</i>		Father's Birthplace <i>Funkles Md</i>			
Mother's Maiden Name <i>Dora Kuen</i>		Mother's Birthplace <i>Funkles Md</i>			
Name of person giving information <i>J. Downing Md</i>		How related to deceased <i>not related</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>166</i>
Immediate <i>Killed by Rail Road Engine</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>True so</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Coroner</i>
Accident <i>at 11:45?</i>	<i>New Market Md</i>



Myrtle Towns

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec

22

Age

—

2

—

Md

Infant

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Charles Towns

Maiden Name

Rhoda Lewis

Cause of

Primary

Whooping Cough &

How long sick

4 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

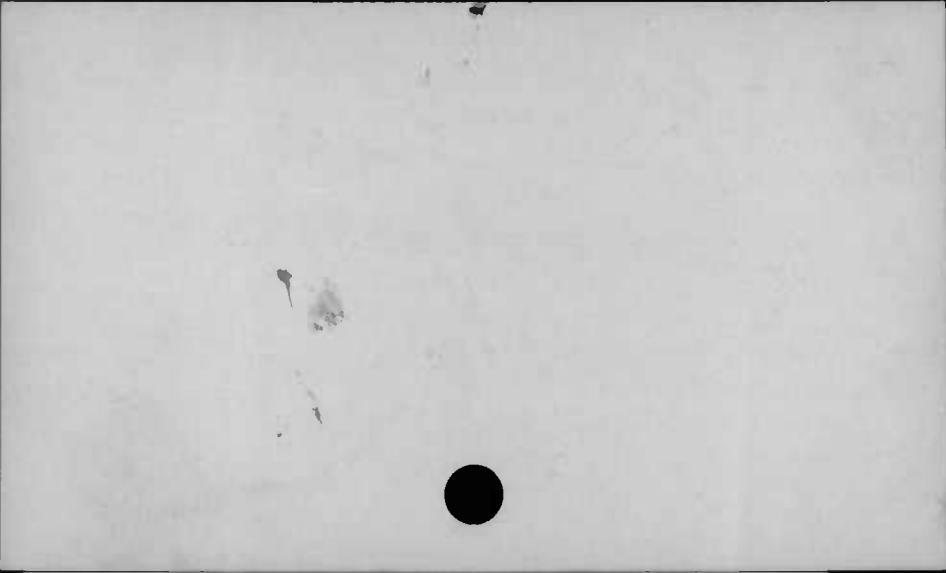
A. J. Smith M.D.

Address

Wolfsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan Toddle

CERTIFICATE OF DEATH

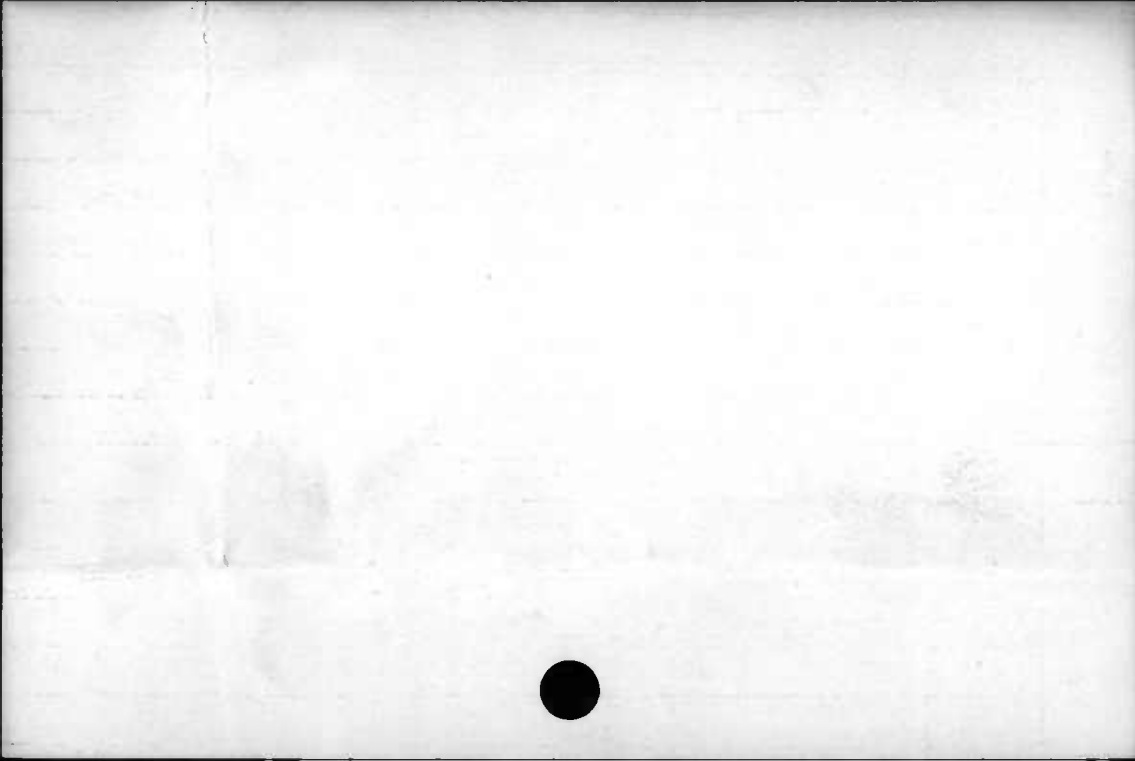
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> <i>Monrovia</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>1</i>	Age <i>74</i> (about)	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Prince Geo. Co. Md.</i>		
Married, Single Widowed			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Nathan Toddle</i>					
Father's Name <i>Mahoney</i>			Father's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>George Toddle</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>don't know</i>
Immediate <i>Apoplexy</i>	How long <i>died suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard B. Hopkins Jr.</i>
	Address <i>New Market, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
In formation

Town

County

MARYLAND

Age

Years

Months

Days

Color or
Race

Birth-
place

Occupation

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sex. named

CERTIFICATE OF DEATH

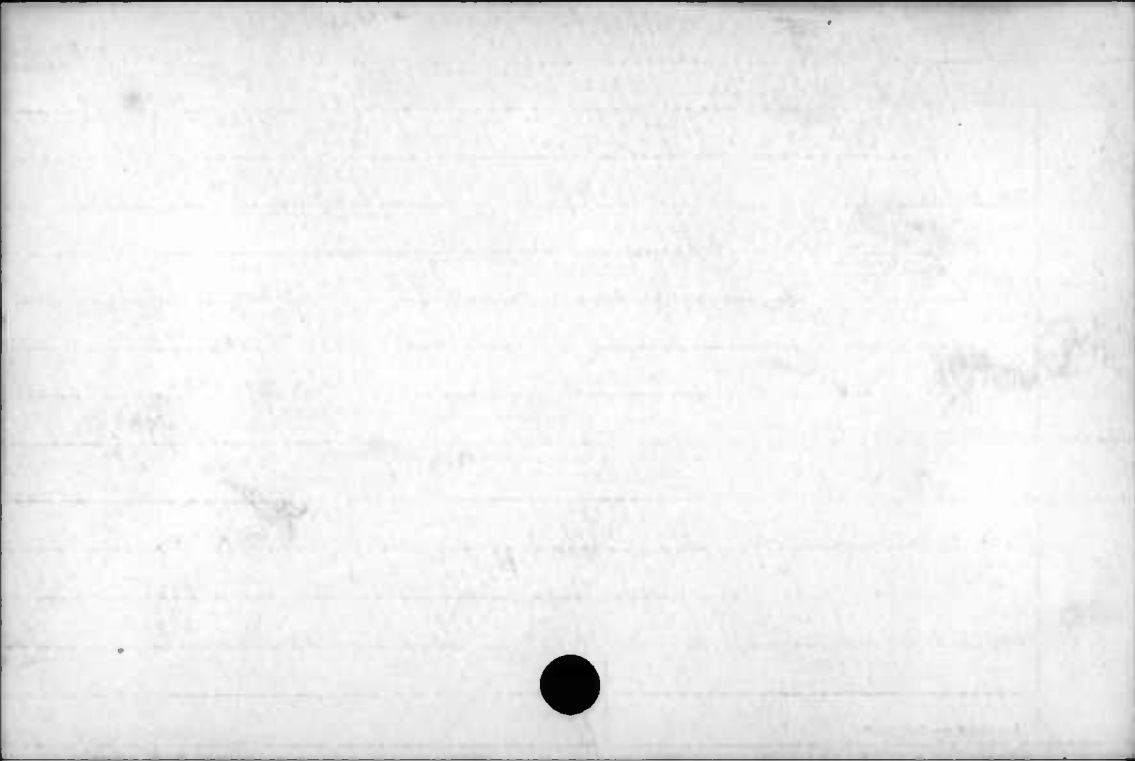
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Dec.</i> ^{Month}	<i>9</i> ^{Day}	Age ^{Years}	<i>5</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Brunswick. Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>95</i>					
Father's Name <i>Chas A. Wade</i>			Father's Birthplace <i>Vt.</i>		
Mother's Maiden Name <i>Peggy L. Brandon</i>			Mother's Birthplace <i>Vt.</i>		
Name of person giving In formation <i>Chas H. Wade</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Constriction of the lungs</i>	How long	<i>2 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lerm West</i>	
		Address <i>Brunswick. Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

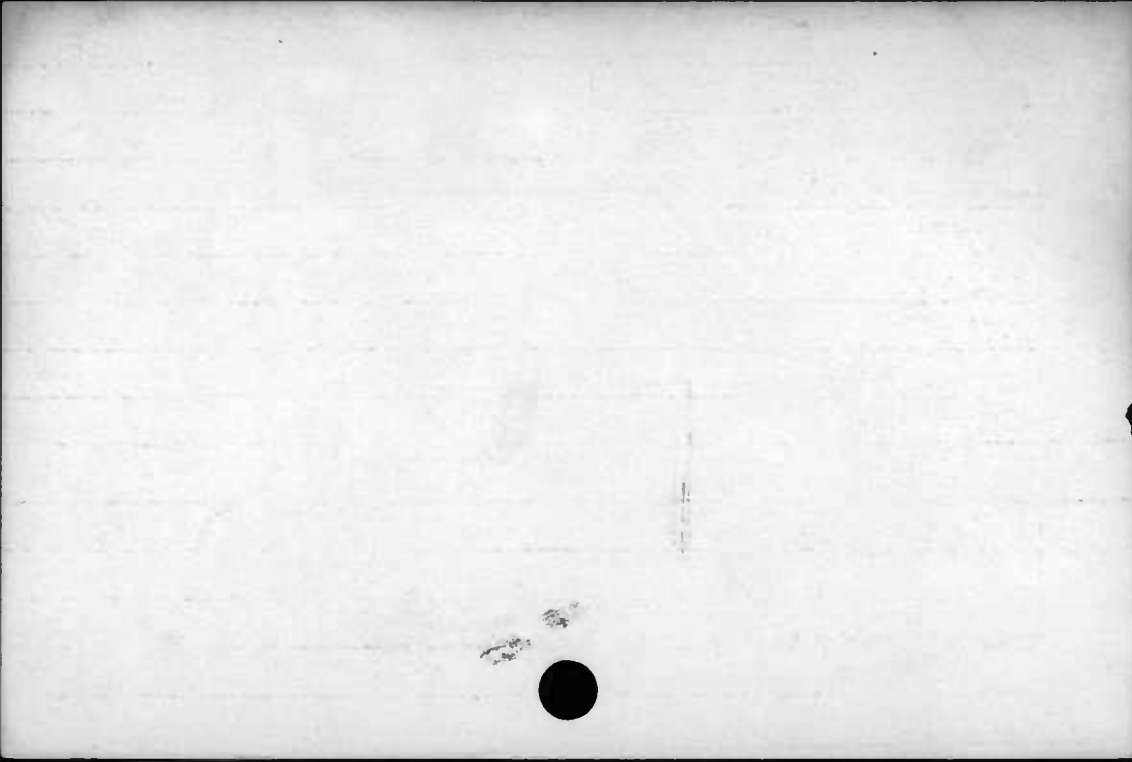
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Fred</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>78</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred. Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>John Walter</i>					
Father's Name <i>Henry Pampel</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Pampel</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mrs Fred Snyder</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 Mos.</i>
Immediate <i>Chastity</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St. W.</i>
Accepted <i>S. S. Maynard</i>	



Name In Full

Certificate of Death

Died at		Town		County		MARYLAND	
1902		Month	Day	Y.	M.	D.	Native of
Date 189		Dec	10	41	9	24	Ind
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living 8	
Husband of		Emma Haller					
Wife							
Father's Name		James H. Waters		Mother's Name		Anne Waters	
Cause of		Primary		Congestion of Lungs		How long sick 5 or 6 days	
Death		Immediate		Heart failure 95		Accident, Suicide, Homicide	
Reported by		J. A. Lamon, M. D.					
Address		Middletown, Md.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Wausel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1902		Month 12	Day 4	Age 70	Years	Months 11	Days
Sex Male		Color or Race Colored		Birth- place Frederick			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name Marshall Wausel				Father's Birthplace Frederick			
Mother's Maiden Name Martha Haddicks				Mother's Birthplace Frederick			
Name of person giving information Jane Wausel				How related to deceased Stepmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	66	How long	16 years
Immediate	Yes		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician U. G. Burns, M.D.		
		Address 57 All saint St. Frederick, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Tobias Whipple.

Town

County

Died at

Jefferson

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

12

25

Age

84

9

17

Sex

Male

Color or
Race

White

Birth-
place

Cornell's Mount

Married, Single
or Widowed

Widowed

Occupation

Retired.

Name of Wife or
Husband

Mary A. B. Maugh

Father's
Name

George Whipple.

Father's
Birthplace

Cornell's Mount

Mother's
Maiden Name

Mary East.

Mother's
Birthplace

Purkittsville

Name of person giving
In formation

Frederick W. Friday

How related
to deceased

Grand Son

CAUSES OF DEATH

120

Primary

Chronic Interstitial Nephritis

How long

Several years

Immediate

Uremic Coma

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

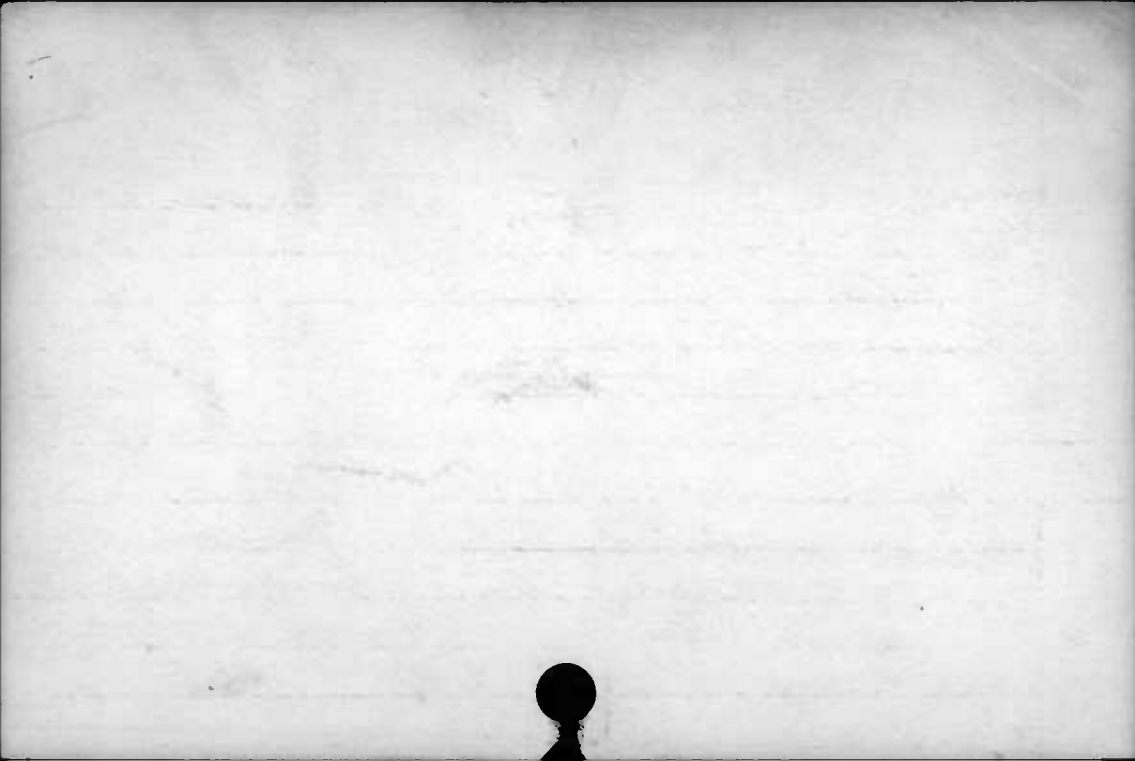
Signature of
Physician

Address

J. C. Hendrix, M.D.
Frederick,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Rebecca Kuebner

Died at ^{Town} *Indeneth* ^{County} *Cal* *Indeneth*

MARYLAND

Date 1902 ^{Month} *12* ^{Day} *2* ^{Y.} *64* ^{M.} *64* ^{D.} *64* ^{Native of} *Us.* ^{Occupation} *A wife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3 when she
*2 now*Husband of *David Christian Kuebner* *(12/3/02)*Father's Name *David Markey* Mother's Maiden Name *Elizabeth Beatz*Cause of ^{Primary} *Organic Heart Disease & Aortic*

How long sick

Death ^{Immediate} *Apnoea - 8*~~Accident, Suicide, Homicide~~Reported by *Franklin Buchanan* *Indeneth Md.*Address *Indeneth* *Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mirth: Livers: Zimmerman
 Town County

Died at

MARYLAND

Date 1902

Dec: 9:

Age

4: 8: 17

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 months

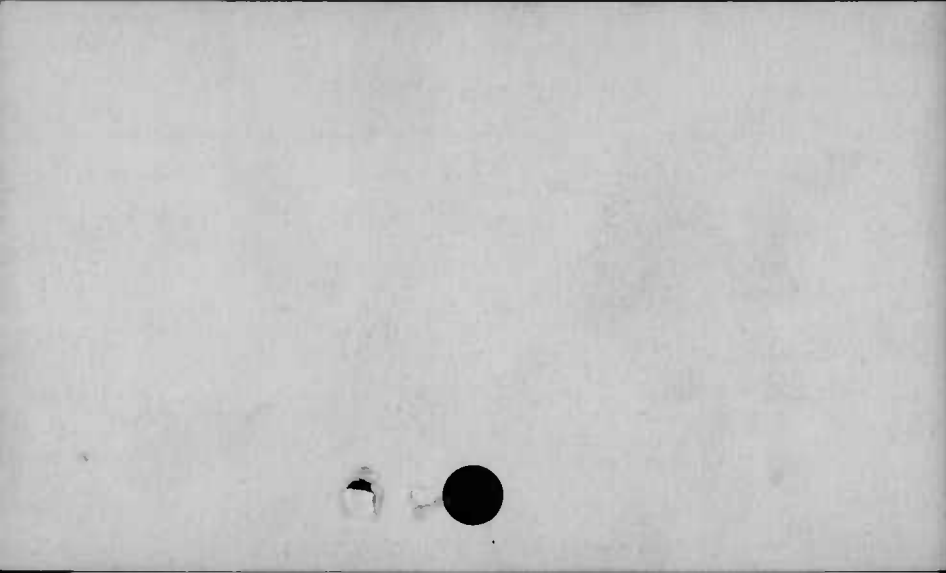
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Jacob Furgable**

Town **Committsburg** County **Fredrick** MARYLAND

Died at **Committsburg**

Date of death 190 **2** Month **Dec** Day **16** Age **72** Years Months **4** Days **4**

Sex **Male** Color or Race **White** Birth-place **Germany**

Married, Single or Widowed **Wife** Occupation **Laborer**

Name of ~~Wife~~ **Barbara Furgable**

Father's Name **Jacob Furgable** Father's Birthplace **Germany**

Mother's Maiden Name **Mary F. Carheller** Mother's Birthplace **do**

Name of person giving information **Barbara Furgable** How related to deceased **Wife**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Pneumonia** How long **8 days**

Immediate **93** How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert L. Brown

Committsburg Md

8 Cause of Suicide?

